



VISA CHECK CARD / ATM CARD APPLICATION

NAME OF APPLICANT:
SOCIAL SECURITY #:
MAILING ADDRESS:
CITY, STATE, ZIP CODE:
NAME OF CO-APPLICANT:
SOCIAL SECURITY #:

A 4 digit personal identification number (PIN) will be mailed to you under separate cover. This number is unique to you and upon receipt, you will have the option of changing the PIN by calling the phone number included in the notice.

ACCOUNT INFORMATION:

REGULAR, NOW, OR MONEY MARKET

CHECKING:

101 STATEMENT SAVINGS 102 103

SAVINGS:

201 202 203

SIGNATURE(S): I / WE HAVE READ AND ACKNOWLEDGE RECEIPT OF THE APPROPRIATE DISCLOSURE STATEMENT(S). I / WE AUTHORIZE WAYNE BANK TO MAKE WHATEVER CREDIT INQUIRIES NECESSARY IN CONNECTION WITH THIS REQUEST INCLUDING BUT NOT LIMITED TO OBTAINING A CREDIT REPORT FROM A CONSUMER REPORTING AGENCY AND ACKNOWLEDGE THAT THIS REQUEST MAY BE DENIED BASED ON INFORMATION OBTAINED IN THE AFOREMENTIONED REPORT. I / WE AGREE TO THE FEES AS DISCLOSED ON THE BANK'S SERVICE FEE SCHEDULE.

APPLICANT'S SIGNATURE / DATE

CO-APPLICANT'S SIGNATURE / DATE

BANK USE ONLY:

SUBMITTED BY: BRANCH:

CARD #:

ATM CARD VISA CHECK CARD

LOST / STOLEN CARD REPLACEMENT (Check if applicable)