



CHIPPEWA VALLEY BANK

Debit/Cash Card Request

Customer's Name 1: _____

Customer's Name 2: _____

Business Name (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____ Port #: _____

Home Phone: _____ Cell Phone: _____

Account Type: Cash Card _____ Debit Card _____ Business Debit Card _____ HSA Card _____

Attached Accounts: Checking: _____ Savings: _____

**If both a checking and savings account are attached to a card, purchases will come from the checking account. Both accounts will be accessible at an ATM for transfers and withdrawals.*

Customer Agreement

I/We hereby request that a debit or cash card be issued for the account(s) designated. I/We agree:

- 1) the card will be used to obtain cash, goods, or services only if at the time of such use there are funds on deposit in the designated accounts to cover such use.
- 2) the card is property of Chippewa Valley Bank and its surrender may be required at any time.
- 3) that there may be a delay of up to five days in the recording of any deposits made at a retail facility.
- 4) the use of such card shall be governed by the printed terms and conditions and such other terms and conditions or amendments thereto, as may be established from time to time by the bank and communicated to the customers.
- 5) any account signer can request for a debit/cash card at account opening or any time after.

Your signature below constitutes you accept the above "Customer Agreement".

Customer's Signature 1 _____ Date _____

Customer's Signature 2 _____ Date _____

Additional Signer _____ Additional Signer _____

Opened By: _____ **For Office Use Only**

Officer Decision: Limits: (per card) ___ 509/1000 ___ Other ____/____
(Choose One)___

File Maintenance:

Card Number 1: _____ Input by: _____ Date: _____

Card Number 2: _____

Online Request:

Letter/Disclosure Sent: _____