Community Bank CBD

Debit Card Application

PLEASE PRINT INFORMATION BELOW:

Primary Cardholder

Last Name | First Name | M.I. | Social Security Number | Birth Date

Mailing Address

City | State | Zip Code

Home Phone Number | Work Phone Number

This card should be linked to my checking account for VISA purchases (POS), and ATM use:

Checking Account Number:_____ Checking Account Type: _____

This card should be linked to my savings account for ATM access only:

Savings Account Number (optional): _____

If my Visa Check card is damaged, lost or stolen, I may be required to pay a replacement fee of $5.00.

I understand that the card is property of the Bank and we reserve the right to cancel the use of this card at any time without prior notice. I am providing this information which is true and correct to the best of my knowledge, as a request for a Community Bank CBD debit card with ATM access. You are authorized to obtain information concerning my credit and employment history from any source. I agree to be bound by the terms of the agreements issued to me and all other amendments which may be amended from time to time.

Effective immediately the process for charging transactions made with your Visa debit card from foreign currency to US dollars will change. When you use your Visa debit card at a merchant that reconciles in currency other than US dollars, the charge will be converted to the US dollar amount. The rate used to calculate the transaction amount in US dollars is either:

- A rate selected by Visa from the range of rates available in the wholesale currency markets for the applicable central processing date, which rate my vary from the rate Visa itself receives; or
- The government-mandated rate in effect for the applicable central processing date.
- In each instance, plus or minus any adjustment determined by issuer.

Rates may change between transaction dates and final posting dates.

Primary Cardholder Signature | Date

Driver's License # | ST | Issued | Expires

FOR INSTITUTION USE ONLY:

Visa Check Account Number(CCN): _____

Portfolio Number:_____ Exp Date:_____ Annual Fee:_____

Plastic ordered by:_____ Date Ordered: _____