



Peoples Neighborhood Bank

Personal VISA Check Card Application

- Customer Name: _____
- Address: _____

- Social Security #: _____
- Phone #: _____
- E-mail Address (Required for Card Cash e-Statements):

- Date of Birth: _____
- Driver's License #: _____
- Mother's Maiden Name: _____

How name should appear on the card: (No more than 20 characters, including spaces)

Checking #1 (POS): _____ Savings #1: _____
 Checking #2: _____ Savings #2: _____
 Checking #3: _____ Savings #3: _____

Authorized Signature of PNB Visa Check Card Applicant:

I understand that I will receive a copy of the Electronic Funds Transfer Disclosure, and that use of the card will acknowledge my acceptance of the terms and conditions. I also understand that use of the card after notice of the changes in the terms and conditions acknowledges my acceptance of the changes.

• Applicant Signature: _____ Date Signed: _____

For Bank Use Only

**To Be Completed by Branch Personnel:	
Date: _____	CIF #: _____
Branch #: _____	
CSR Signature: _____	Date
Mark when completed:	
_____	VISA Check Card Cardholder Agreement
_____	Electronic Funds Transfers Disclosure