

ATM/MasterCard® Debit Card Application

Vidalia Federal Savings Bank

Please complete the application in full, sign and return. (Note: This is not an application for a credit card.) You will receive, upon approval, an Automated Teller / Debit Card. Your Vidalia Federal Savings Bank bank card is honored by all ATM/POS (Point of Sale) terminals and merchants displaying the MasterCard® and Cirrus® logos.

First Name Last Name

Name – Second line if desired (re: businesses)

Mailing Address

Street Address

City State Zip

Daytime Phone # Nighttime Phone #

Date of Birth

Social Security Number

Checking Account Number

Email Address

PLEASE NOTE: DEPOSITS MADE TO YOUR ACCOUNT MAY NOT BE REFLECTED ON YOUR ATM / DEBIT CARD BALANCE FOR UP TO THREE (3) HOURS AFTER OFFICE CLOSING.

1. I authorize Vidalia Federal Savings Bank to make financial transactions for me, and any authorized joint owner(s), when it receives the proper electronic impulses through the Automated Teller and MasterCard® Debit Card system. I agree to accept the Bank's card and I agree the Bank may treat the entry of instructions accompanied by my Personal Identification Number (PIN) plus use of my card bearing the magnetic pattern assigned to me and the joint owner(s), and any future replacement card, as being the same as a written withdrawal order, payment or deposit order, or other order as applicable bearing my genuine signature.
2. I assume all responsibility to the limits allowed by law for each use of the card, my PIN or magnetic pattern assigned by Vidalia Federal Savings Bank until I have notified the Bank not to honor them.
3. I understand that all references on the attached refer to an ATM MasterCard® Debit Card and that this is not an application for a credit card.
4. I understand that any authorized person(s) issued an ATM/Master Card® will have access to ALL of the primary member's accounts including any established lines of credit. This access is due to the ATM terminals that offer access to selective accounts.
5. I understand my card may be deactivated at any time at the discretion of employees of Vidalia Federal Savings Bank based on my account activity.
6. I understand that it is possible to overdraw my account with ATM/Debit cards transactions and will be responsible for paying any NSF charges as detailed in the Vidalia Federal Disclosure Statement.

By signing below, I acknowledge that I have read and understand the conditions of the application and have received a copy of the ATM/MasterCard® Debit Card agreement (Regulation E Disclosure). I also authorize Vidalia Federal Savings Bank to check my credit.

Customer's Signature Date

FOR IT DEPARTMENT USE ONLY:

Telepin Ref. #

____ Approved
____ Rejected

Comment: _____

Cardholder #: _____

Acct. Maintenance by: _____ Date: _____