

## Banking Products / Services Authorization

Date \_\_\_\_\_ Branch \_\_\_\_\_ Employee Accepting Application \_\_\_\_\_

Full Name \_\_\_\_\_ Account Number \_\_\_\_\_

NAME AS IT WILL APPEAR ON CARD (MUST BE LESS THAN 24 CHARACTERS, COMMAS AND SPACES COUNT)

**(If Applicable)**

Business Name \_\_\_\_\_ Account Number \_\_\_\_\_

NAME AS IT WILL APPEAR ON CARD (MUST BE LESS THAN 24 CHARACTERS, COMMAS AND SPACES COUNT)

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

Home # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Banking Product(s) / Service(s) Eligibility

Based on the information provided by you or a credit reporting agency, you are eligible for the following product(s) / service(s):

**ATM and One-time Debit Card Transaction:**

VISA® Check Card

Opt In

Opt Out

**(Not applicable for Business Accounts)**

Overdraft Privilege Service (immediate)

Already Has ODP on Another Account

I, \_\_\_\_\_, **decline Overdraft Privilege on my account.** I understand that without the security of Overdraft Privilege, insufficient items or items drawn against uncollected funds presented for payment on this account may be returned unpaid and our regular insufficient per item fee will be assessed as disclosed in our separate Schedule of Fees.

I  **Have** /  **Have Not**, been issued a temporary debit card.

My signature below acknowledges my eligibility and request for the above marked products / services for my deposit account. The authorizations and certifications I provided to the "Bank" on my new account application to verify my personal and financial information extends to my acceptance of any of the above listed products / services. My signature also certifies that I agree to the terms and conditions that govern the use of any product / service I request. In addition, if I or someone I authorize uses the VISA® CHECK CARD provided to me, I agree to any charges that may be assessed by Comanche National Bank or any network through which my VISA® CHECK CARD transactions are processed, as listed in the provided Electronic Funds Transfer disclosure.

X \_\_\_\_\_  
Signature – Account Owner or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Student Account Guarantor

\_\_\_\_\_  
Date

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### BANK USE ONLY

Temp Card Number \_\_\_\_\_

Permanent Card Number: \_\_\_\_\_

EMPLOYEE ORDERING PERMANENT CARD \_\_\_\_\_ FEE \_\_\_\_\_