

MERCER SAVINGS BANK

EQUAL HOUSING LENDER

MEMBER FDIC

Visa® Check Card Application

Please complete the application. Fold and tape this form. Return to the address on the reverse side. Thank you.

PLEASE PRINT

Applicant Information			
Name		SSN - -	
PO Box or Apt #		DOB	
Street Address			
City		State	Postal Zip
Home Phone	Cell Phone		Business Phone
Card Description _____		Code _____	
Default design – Tranquility 023			
Account Information			
Account Type	Account Number	Account Name	
Checking 1		PRIMARY ACCOUNT	
Checking 2			
Statement Savings 1		PRIMARY ACCOUNT	
Statement Savings 2			

I certify that the above information is correct. I understand that I am the only Individual to have knowledge of my Personal Identification Number (PIN) and authorized to use the card. I agree to abide by the terms set forth in the Regulation E Disclosure, receipt of which is hereby acknowledged. The Visa® Check Card is the property of Mercer Savings Bank and can be cancelled at any time without prior notice. In addition, the undersigned hereby authorized Mercer Savings Bank or any credit bureau or any other investigation agency employed by Mercer Savings Bank to investigate any reference given by undersigned or statements or other data obtained from undersigned or from any other person pertaining to undersigned credit and financial transactions or experiences, with the Bank.

Applicant Signature _____ Date _____

Employee Name _____ Office _____
(Print name here, not initials)

FOR INTERNAL USE ONLY														
Approved by					Rejected by					Date				
														Limit