



Visa Check Card Application

Customer Name	Social Security Number
Mailing Address	Home Phone Number
City State Zip	Date of Birth
Cell Phone number	Email address
Employer	Employer Phone Number
Checking Account Number (POS purchases will be debited from your primary checking)	Savings Account Number (savings accounts may be chosen for ATM withdrawals &/or account to account transfers)

Please note if applicable

- ** Customer wishes to cancel their existing system assigned PIN Check Card with a Telepin Check Card.
- ** Customer wishes to have their existing ATM card canceled upon receipt of the new Check Card.

Daily Limits

POS/Visa Transactions \$1,000.00 in a 24 hour period provided funds are available in your account.
 ATM Cash \$500.00 in a 24 hour period provided funds are available in your account.

Customer Signature _____ Date _____

Application taken by:	Date:
Telepin reference #:	

IS Department Use

Application processed by:	Date:
Banc Pac flagged <input type="checkbox"/> Replacement Card Fee processed <input type="checkbox"/>	
Application verified by:	Date: