Employee receiving application – please initial: _____

ATM/MasterCard® Debit Card Application
Vidalia Federal Savings Bank

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 card is honored by all ATM/POS (Point of Sale) terminals and merchants displaying the MasterCard® and NYCE® logos. You can link a checking account (for POS and ATM cash) and/or a savings account (for ATM cash only.

First Name	Last Name	
Address		
City	State	Zip
Cell Phone #	Home Phone #	
Date of Birth	Work Phone #	
Social Security Number		
Checking Account Number		
Savings Account Number - * ATM Use Only *		
Email Address		
Optional Embossed line (business name, etc.)		

***Savings accounts can ONLY be accessed for cash withdrawals at an ATM.**

PLEASE FILL OUT ONE APPLICATION PER PERSON.

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 this form refers to an ATM MasterCard® Debit Card and that this is not an application for a credit card.
4. 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.
5. I understand that it is possible to overdraw my account with ATM/Debit cards transactions.
6. I understand all PIN and card information must be kept private in order to prevent unauthorized activity and take responsibility for doing so.

By signing below, I acknowledge that I have read and understood 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:

_____ Approved
_____ Rejected

Comment: _____

Cardholder #: _____

Acct. Maintenance by: _____ Date: _____