

Colorado Valley Bank Debit Card Application

Applicant

___ Photo (\$8.00 Set Up Fee) ___ Non-photo

Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ E-mail address _____

Employer _____

Social Security Number _____ Date of Birth _____

Checking Account Number _____ Savings Account Number _____

Co-Applicant

Name _____

Address (if different) _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ E-mail address _____

Employer _____

Social Security Number _____ Date of Birth _____

Checking Account Number _____ Savings Account Number _____

Signatures

By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned certifies that all information is accurate and authorizes the financial institution to verify credit and employment history by any means necessary, including preparation of a credit report by a credit reporting agency.

Applicant's signature _____ Date _____

Co-applicant's signature _____ Date _____

Official Use Only

Date received _____ Approved (Y/N) _____ Processed by _____

Date Approved _____ Approved by _____

Level of Approval: ATM _____ DEBIT _____