

Lee Bank

Debit / ATM Card Application

This application is used to apply for a Lee Bank Debit MasterCard or ATM card. Please mail or deliver completed form to one of our branch locations.

Indicate type of Card: Personal Debit Card Business Debit Card
 Health Savings Card ATM Card

Please print clearly

Account Owner/Signer Soc. Sec. # D.O.B.
Account Owner/Signer Soc. Sec. # D.O.B.
Business Name
Street
City ST Zip
Telephone (Home) (Cell)

Accounts To Be Accessed:

Checking Acct #

Statement Savings Acct #

I/we are applying for a Lee Bank Debit MasterCard. I/we understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my/our Lee Bank primary checking account only. I/we authorize Lee Bank to verify the information provided above and to request a consumer report from any consumer reporting agency. I understand that the use of the card is subject to the terms and conditions of my Lee Bank account and Electronic Funds Transfer Agreement that was provided to me when I/we opened the account.

The undersigned further certifies that the use of this card for the purpose of making bets or wagers for illegal internet gambling is prohibited.

Signature _____ Date _____

Signature _____ Date _____

FOR BANK USE ONLY: Card #
Date Approved By
Date Ordered By Verified By
Port # Instant Card #
Issued by