

Port # _____

COMMUNITY BANK CHECK CARD APPLICATION

Please complete the application in full, sign, and return. (NOTE: This is not an application for a credit card. You will receive, upon approval, a Check Card with MasterCard logo thereon.)
Your Community Bank Check Card will be honored by all ATM/POS (Point of Sale) terminals and merchants displaying the MasterCard, Star, or Cirrus logos.

Account Owner Name Last 4 Digits SSN

Address City State Zip Code

Date of Request Account Number(s)

1. I authorize Community Bank of Pickens County 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 System. I agree to accept the Bank's card and I agree they may treat the entry of instructions accomplished 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, or other 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 Community Bank of Pickens County until I have notified the bank not to honor them.
3. I understand that all references on the attached Check Card Application refer to Community Bank of Pickens County and not an application for a credit card.
4. I understand that any authorized person(s) issued a Check Card will have access to ALL of the primary member's accounts including any established lines of credit. This access is due to the Check Card agreement (Regulation E Disclosure).

Member's Signature

Cardholder Number DDA(01) SAV(02)

Approving Initials Date

