

FIRST NATIONAL BANK BOSQUE COUNTY

CONSUMER DEBIT CARD REQUEST FORM

Issue Card To:

Name: _____

Address: _____

Phone Number: _____

Primary Checking Account: _____

Optional Savings Account: _____

AUTHORIZATION:

I hereby authorize First National Bank of Bosque County to issue a Consumer Debit Card for my use with the account listed above. I understand that this card will allow me to access cash at ATMs, make "debit type" transactions using a personal identification number (PIN), make "credit type" transactions using my signature, and to make transfers from a savings account to my primary checking account. I have been given a copy of First National Bank of Bosque County's Deposit Account Agreement and Disclosure which includes a Regulation E Disclosure and I understand that the use of the Consumer Debit Card is subject to the terms and conditions in this disclosure. I agree not to use my debit card in any illegal activity.

Signature of Account Holder_____
Printed Name_____
Date**For Bank Use Only**

For Bank Use Only				
Taken By	Date		Entered By:	Date