

## SECURITY SAVINGS BANK EFT APPLICATION

**OPT OUT OF ABU SERVICE - YES \_\_\_\_\_ NO \_\_\_\_\_**

**Card Type:** Debit \_\_\_ ATM \_\_\_ H.S.A. \_\_\_ Private Banking \_\_\_  
Business \_\_\_ School-Choice \_\_\_\_\_

**\*\*At least one phone number is required.**

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

\*\*HOME PH: \_\_\_\_\_ \*\*CELL PH: \_\_\_\_\_

WORK: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

BUSINESS NAME OR ADDL TITLE ON CARD (OPT): \_\_\_\_\_

CHECKING ACCOUNT #: \_\_\_\_\_ SAVINGS ACCOUNT #: \_\_\_\_\_

**Cardholder Authorization and Agreement:**

By signing below, the undersigned requests the described service and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agrees that all information is accurate and authorizes the FI to verify credit by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms and conditions of the disclosures associated with EFT debit card, including the Electronic Funds Transfer Act as provided by the FI.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I Use Only:**

Entered By: \_\_\_\_\_ Verified By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Letter and Disclosures sent: \_\_\_\_\_

Card #: \_\_\_\_\_

Posted on Excel: \_\_\_\_\_

