



MasterMoney™ ATM / Debit Card Application

PLEASE CHECK ONE OF THE FOLLOWING: New Card Lost Card Stolen Card Password Change Upgrade from ATM to ATM/Debit Card

APPLICANT

Please print your name as you would like it to appear on the Card. Note: the Maximum length is 21 characters including spaces.

Name (first, middle initial, last) _____

Social Security Number _____ Date of Birth _____

Home Street Address (CANNOT BE DELIVERED TO A P.O. BOX) _____

City _____ State _____ Zip _____

CO-APPLICANT

Name (first, middle initial, last) _____

Social Security Number _____ Date of Birth _____

Home Street Address (CANNOT BE DELIVERED TO A P.O. BOX) _____

City _____ State _____ Zip _____

ACCOUNT INFORMATION

Please list below the accounts you wish to link to your Card. (If you choose to have your ATM/Debit Card access more than one account, both signers must be on both accounts.)

Checking Account Number _____

Statement Savings Account Number _____

APPLICANT(S) SIGNATURE

By signing below I agree that I have received and will be bound by the important Personal Account information for Our Customers brochure and Agreement and any Person Fee Schedule applying to this account. If more than one person signs this agreement, each guarantees that (1) all signatures are genuine; (2) either signer may perform any transactions allowed with this type of account on his/her sole signature or by using any authorized card; and (3) the surviving signer will have exclusive rights to the account. If you forget your PIN or would like to change it, please contact the Bank at 866.8.CENTURY.

INDICATE TYPE OF CARD REQUESTED ATM Card ATM/Debit Card No Card

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Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

For Bank Use Only	Executive Checking Yes/No
DDA Account #: _____ CIF #: _____	
SAV Account #: _____ Dep. Off. #: _____	
Card Number: _____ Branch #: _____	
Date Approved: _____ Branch Manger: _____	
Date Ordered: _____ Ordered By: _____	

For Bank Use Only	Executive Checking Yes/No
DDA Account #: _____ CIF #: _____	
SAV Account #: _____ Dep. Off. #: _____	
Card Number: _____ Branch #: _____	
Date Approved: _____ Branch Manger: _____	
Date Ordered: _____ Ordered By: _____	