



Community Guaranty Savings Bank

Post Office Box 996
28 South Main Street
Plymouth, New Hampshire 03264

Post Office Box 690
Tower Road
Campton, New Hampshire 03223

Visa Debit Card and ATM Card Application

For Bank Use: STAR Assigned Card Number _____
Port# _____ Name Line # _____ Info Verified by: _____

This application can be used to apply for the Community Guaranty Savings Bank Visa Debit Card or ATM Card. Please complete the application and drop it in the mail or bring it into our office. Please print clearly and check the appropriate box below.

I am applying for a Community Guaranty Savings Bank Visa Debit Card ATM Card

Cardholder _____

Soc. Sec. # _____ D.O.B. _____

Mother's Maiden Name _____

Mailing Address _____ e-mail _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____ Cell _____

I wish to access these accounts:

Primary Checking Account # _____

Other Checking Account # _____

Savings Account # (ATM Card Only) _____

Authorizations: By signing below, I am applying for the Community Guaranty Savings Bank Card as indicated above. I understand this is not a credit card and that the dollar amount of the purchase made with this card will be deducted from Community Guaranty Savings Bank primary checking account only. I authorize Community Guaranty Savings Bank to verify the information provided above and to request a credit report if necessary. The Community Guaranty Savings Bank Visa Debit Card is available for qualified customers only. Other requirements apply. If I am not approved for a Community Guaranty Savings Bank Visa Debit Card, I may be issued a Community Guaranty Savings Bank ATM Card if I do not already have one. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Signature _____ Date _____

Four digit PIN# required to set up card: _____

We will detach and destroy your PIN# information once entered into our computer system.