

APPLICATION FOR ELECTRONIC ACCESS DEVICE

Account Owner(s)

Financial Institution Name and Address

Payne County Bank
202 South Main Street
P.O. Box 579
Perkins, OK 74059

Physical Address

Mailing Address

Primary Contact Information

Home Phone: _____ Email: _____

Account and Card Information

Date Ordered: _____

Account Number: _____ Card Number: _____ # of Cards: **1**

Type of Card: ATM Card _____ Debit MasterCard _____ Booster Debit Card _____

Additional Access to Savings Account Number: _____

Signature(s)

ATM Card and Debit MasterCard® applications are considered applications for credit and are subject to account review and approval. I am requesting the card indicated on the application, however if I should not qualify for a Debit MasterCard® if requested, please consider this an application for an ATM Card. I have received an Electronic Funds Transfer (EFT) Customer Agreement which includes the liability disclosures concerning the use of the card.

I have been instructed by Payne County Bank to memorize my Personal Identification Number (PIN), never to write it on my card, and never to tell anyone my PIN.
