

Utah Independent Bank Checking Card APPLICATION

The person(s) who have signed this request (the “Applicant” and account owners) hereby request(s) that (a) debit card(s) be issued on the below designated account*

Please print or type. In case of a joint account, ALL account owners must sign the application even though only one card is requested.

Name of Customer requesting card:	Social Security #	Joint owner of account:
Customer Address:		
City	State Zip	
*Checking Account Number:		

The customer(s) agree(s):

1. The debit card will be used to obtain cash, goods or services only if at the time of such use there are on deposit in the designed account funds sufficient to cover such use.
2. The bank may charge to the designated account an amount sufficient to cover such use.
3. There may be a delay of up to five days in recording any deposits or loan payments made at a retail facility.
4. The use of such card shall be governed by the printed terms and conditions and such other terms and conditions or amendments thereto, as may be established from time to time by the bank and communicated to the customer.
5. I (We) understand that the bank reserves the right to order a credit bureau report in connection with this application and I (we) grant the bank permission to order a credit report.
6. The bank may terminate this agreement and our use of the Checking Card services (including card retrieval) if : (1) I or any authorized user of my PIN (personal identification number) breach this or any other agreement with the bank; (2) the bank has reason to believe that there has been an unauthorized use of my PIN; (3) the bank notifies us or any other party to our account that they have canceled or will cancel this Agreement.

By signing below all owners agree to the above and acknowledge permission for the requesting customer to obtain a debit card on the above noted checking account.

Signature of Customer requesting card: X	Date:	Signature Joint Account Owner: X	Date:
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The default limits are: A. 20 POS Withdrawal Attempts per day B. \$1500 in POS Withdrawals per day
 C. 3 ATM Withdrawal Attempts per day D. \$300 in ATM Withdrawals per day Customer initial _____

Customer requested limits: POS _____ \$ _____ ATM _____ \$ _____ Employee initial _____

For Bank Use Only: Approval Date:	Approved by:
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