



**PISCATAQUA**  
**SAVINGS BANK**  
 Portsmouth's Local Bank  
*Since 1877*

## ATM or VISA DEBIT CARD APPLICATION

ATM Card

Visa Debit Card

HSA Card

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**I wish to access the following accounts:**

(Please Note: Checking required for Visa Debit Card)

Checking

and/or

Statement Savings

# \_\_\_\_\_

# \_\_\_\_\_

# \_\_\_\_\_

I/We understand that I/we am/are the only individual(s) authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Disclosure Statement. I/We authorize release of credit information to Piscataqua Savings Bank.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR BANK USE: Card# \_\_\_\_\_

Date Received \_\_\_\_\_ By \_\_\_\_\_

Date Issued \_\_\_\_\_ By \_\_\_\_\_ Verified By \_\_\_\_\_