



PISCATAQUA SAVINGS BANK

ATM OR VISA DEBIT CARD APPLICATION

ATM Card

Visa/Debit Card

HSA Card

Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #(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: _____