

# Lake Shore Savings Bank ATM/Debit Card Application

Employee requesting card \_\_\_\_\_ Branch # \_\_\_\_\_ Date \_\_\_\_\_

Customer Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

## Type of Card Requested

572872 ATM Card      Checking/Statement Savings Account number \_\_\_\_\_

540317 Debit Card      Checking Account Number \_\_\_\_\_

519492 HSA Card      HSA Account Number \_\_\_\_\_

New Order     Reorder (reason) \_\_\_\_\_     Replacement Fee Collected at Branch

*(Debit and HSA card PIN can be selected at the time of card activation through the IVR system 1-800-992-3808)*

PIN requested for **ATM Cards only**    \_\_\_\_\_

**I have reviewed the ATM/DEBIT card application and agree that the above information is correct:**

X \_\_\_\_\_  
Customer Signature (Required to process the order)

Customer Overdraft Services for Debit Card     Opt in     Opt Out  
(Overdraft Services Consent Form must be completed or on file)

Comments or other mailing instructions:

\_\_\_\_\_  
\_\_\_\_\_

**INSTANT ISSUE ONLY:**

Card has been issued at branch. Employee Initials \_\_\_\_\_

Card Number: \_\_\_\_\_