

WESTERN NATIONAL BANK VISA CHECK CARD REQUEST FORM

ISSUE CARDS TO

First Name	Middle	Last Name	SSN	DOB
_____	_____	_____	_____	_____
First Name	Middle	Last Name	SSN	DOB
_____	_____	_____	_____	_____
Business Name (only if applying for a Business VCC-Business name will appear on the card)				

Address				

City			State	ZIP
_____			_____	_____
Home Phone			Work Phone	
_____			_____	

ACCOUNT INFORMATION & INSTRUCTIONS

Primary Account	Secondary Account
_____	_____

NOTE: Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions on the VISA network from your VISA Check Card will be deducted from the Primary Account listed above. POS transactions involving a refund will be credited to your Primary Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transaction. VISA is a registered trademark of VISA International.

The VISA Check Cards are to be setup/enabled with the following features:

- * Automated Teller Machine Access
- * Point of Sale Debit Card Access (PIN Required)
- * Enhanced Point of Sale Debit Card Access with VISA Logo

AUTHORIZATION

I (the Account Holder(s)) apply for a VISA Check Card to be used in conjunction with the accounts(s) listed above. The VISA Check Card will be setup (pursuant to my request) with the functions or features indicated above and usage of the VISA Check Card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosures and Regulation E Disclosure that were provided to me when I opened my account. I authorize the Financial Institution to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this VISA Check Card is not graded. I agree not to use the VISA Check Card Service in any illegal activity.

ACCOUNT HOLDER:

_____ **Cardholder #1** **Date:** _____

_____ **Cardholder #2** **Date:** _____

Please fax this completed form to 432- 617-1356 **OR** drop off at any Western National Bank location.

Member FDIC

FOR INSTITUTION USE ONLY

Date Received	_____	By:	_____
Date Approved:	_____	By:	_____
Card Number Assigned to Cardholder #1:	_____		
Card Number Assigned to Cardholder #2:	_____		
Date Entry Date:	_____	By:	_____