Pacesetter Bank
ATM Card Application

(Please enter your information below - All information REQUIRED for fraud protection)

Name_____Date of Birth_____SS#_____

Address_____

City_____ State_____ Zip_____

Work Telephone: (____)_____ Home Telephone (____)_____

Mother's Maiden Name:_____

I wish to access this (these) account(s) with my ATM Card:
Checking Acct #_____

Savings Acct#_____

Authorizations:

By signing below, I am applying for a Pacesetter Bank ATM Card. I authorize Pacesetter Bank to verify the information provided above and to request a credit report if necessary. The Pacesetter Bank ATM Card is available for qualified customers only. Other requirements apply. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Signature_____ Date_____

Once you have completed entering your information, print a copy & sign it.

To begin enjoying the convenience of a VISA Debit Card,
either drop your application off at one of our offices, or mail it to:

PACESETTER BANK, P.O. BOX 659, HARTFORD CITY, IN 47348-0659

IF YOU HAVE QUESTIONS, CALL US TOLL FREE 1-800-878-3602

FOR BANK USE ONLY

Card #_____

Date Approved_____

By_____

Date Ordered_____

By_____

Verified by_____

12/09