



APPLICATION
ELECTRONIC BANKING CARD

Please Select Card Type Debit Card Debit by Design Card Prestige Checking ATM
HSA Card -Please use HSA Card Application.

Name: Port #:
Address:
City: State: Zip:

ACCOUNT INFORMATION

Please link the following Bank of New Hampshire accounts(s) to my card:

Checking (Primary):
Statement Savings (Primary):

Note: The Primary accounts are accessed through Bank of New Hampshire and foreign ATM's.

Checking (Secondary):
Statement Savings (Secondary):

Note: The Secondary accounts are accessed ONLY through Bank of New Hampshire ATM's.

A new PIN number will be assigned to each card. If you prefer to select your own PIN number, you may bring your new card to a Bank Services Representative

Authorizations: By signing below, I am applying for a Bank of New Hampshire Debit Card. I understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Bank of New Hampshire checking account only. I authorize Bank of New Hampshire to verify the information provided above and to request a credit report if necessary. The Bank of New Hampshire Debit Card is available for qualified customers only. Other requirements apply. If I am not approved for a Bank of New Hampshire Debit Card, I may be issued a Bank of New Hampshire ATM card if I do not already have one. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

Signature: Date:

FOR BANK USE ONLY

Form box containing fields for Address Change in the Past 30 days? YES NO, If yes, date of COA, eFunds OFAC Completed By Date, Card Number Date Ordered, Ordered By On-Line Limit Off-Line Limit