

# COMBINED ATM/POS/DEBIT CARD REQUEST FORM

Account Holder:

Financial Institution: Lee Bank & Trust Company  
Main Office  
41371 W. Morgan Ave  
PO Box 100  
Pennington Gap, VA 24277

## ISSUE CARDS TO

Customer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Customer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## ACCOUNT INFORMATION AND INSTRUCTIONS

Account(s) to Access with Combined ATM/POS/Debit Card:

Primary Account:

**Note:** Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions on the VISA network from your Combined ATM/POS/Debit Card will be deducted from the Primary Account listed above. Point of Sale (POS) transactions or Point of Sale (POS) debit card 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 transactions. Visa is a registered trademark of Visa International.

**The Combined ATM/POS/Debit Card Cards are to be setup/enabled with the following features:**

- Automated Teller Machine Access
- Point of Sale Debit Card Access
- Enhanced Point of Sale Debit Card Access with Visa logo
- Check Guarantee Card

Special Instructions or Provisions: \_\_\_\_\_

## AUTHORIZATION

I (the Account Holder(s)) apply for a Combined Automated Teller Machine / Point Of Sale / Debit (ATM/POS/Debit) Card to be used in conjunction with the account(s) listed above. The Combined ATM/POS/Debit Card will be setup (pursuant to my request) with the functions or features indicated above and usage of the Combined ATM/POS/Debit Card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that have been provided to me. 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 Combined ATM/POS/Debit Card is not granted. I agree not to use the Combined ATM/POS/Debit Card Service in any illegal activity.

ACCOUNT HOLDER:

X \_\_\_\_\_ Date X \_\_\_\_\_ Date  
Authorized Signer Authorized Signer

## FOR INSTITUTION USE ONLY

Date Taken: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
Card Number Assigned \_\_\_\_\_  
Card Number Assigned \_\_\_\_\_  
Data Entry Date: \_\_\_\_\_

By: \_\_\_\_\_  
By: \_\_\_\_\_  
By: \_\_\_\_\_