

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: _____