PRESIDENTIAL BANK

ATM/VISA® Check Card Application

Please return this application for each accountholder to:
Presidential Bank, ATM Cards 4520 East-West Highway, Bethesda, MD 20814

Name _____
Last First MI

Social Security Number _____

Address _____

_____

_____
City ST Zip Code

Home Phone _____

Work Phone _____

Card Access Accounts:

_____
Primary Checking Account Number

_____
Primary Savings Account Number

_____
Other Account Numbers
(can only be accessed at Presidential Bank ATMS)

_____

_____

Check only ONE for <u>each</u> section:

☐ I would like a new ATM/VISA Check card for the above accounts (must have a checking account). I understand that this card may replace my existing ATM card.*
☐ I would like a new ATM only card for the above accounts.

☐ Upgrade current ATM card to Visa Check Card**
☐ There is no existing card for this account.
☐ The existing card for this account has been lost/stolen.**
☐ This is a replacement for a damaged card.**

Your 24-Hour Automated Teller Machine (ATM) Card/VISA Check card will readily access your checking account where you see the following signs:

Cardholder Agreement

I agree that Presidential Bank issues its Automated Teller Machine (ATM)/VISA Check card for my use only. I assume responsibility for all transactions made by means of the ATM/VISA Checkcard.

The ATM/VISA Check card is the property of Presidential Bank and is subject to cancellation at any time. The ATM/VISA Check card must be returned to Presidential Bank upon request and may be retained automatically by a machine. I may cancel ATM/VISA Check privileges by notification in writing and physical surrender of the ATM/VISA Check card to Presidential Bank.

I will be assigned a Personal Identification Number (PIN). At no time will I reveal or make available directly or indirectly, the PIN to any other person.

Any loss or theft of the ATM/VISA Check card and/or PIN will be promptly reported to Presidential Bank at 800-383-6266.

All ATM/VISA Check deposit transactions are credited subject to verification and final collection of payment.

I agree not to withdraw or transfer funds in excess of the balance in the account accessible with the ATM/VISA Check card or, if an overdraft line of credit has been authorized for this account, to exceed the line of credit limit. The ATM/VISA Check card is not an extension of credit and should not be used as such.

Use of the ATM/VISA Check card is subject to the Deposit Account Rules and Regulations and the Electronic Fund Transfer Disclosure Statement of Presidential Bank, as now in force and hereafter amended. I understand that I may be liable for losses resulting from allowing unauthorized persons access to my PIN, as provided in the Electronic Fund Transfer Disclosure Statement.

* I attest that our checking account has been opened and in good standing for at least three months. I understand that Presidential Bank may refuse to issue or re-issue a card at any time.

I hereby request that Presidential Bank, FSB issue a VISA Check card or an ATM card to the undersigned applicant.

I agree that the Bank may obtain employer references and credit reports when deemed appropriate for purposes of card issuance.

I have received and read the Bank's Electronic Fund Transfer Disclosure Statement and agree to all of the terms and conditions of the Cardholder Agreement found on this form.

_____ _____
Signature Date

Bank Use Only:

Branch and Date Received: _____

**Card #: _____

Status: HC Date: _____

By: _____

Received by: _____
Print Name

New Card #: _____

RE NEW Date: _____

Notes: _____