CAPITOL NATIONAL BANK

PERSONAL ATM/DEBIT CARD APPLICATION

PERSONAL CARDHOLDER INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE: _____

EVENING PHONE: _____

CELL PHONE: _____

Lansing Office:
200 Washington Square North
Lansing, MI 48933
517.484.5080

ADDITIONAL CARDHOLDER INFORMATION

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

DAY PHONE: _____

EVENING PHONE: _____

CELL PHONE: _____

Meridian Office:
4792 Marsh Road
Okemos, MI 48864
517.347.1006

Please consider this application for the following: ___ ATM Application ___ VISA/Debit Application

- *If you do not qualify for a VISA Check Card, your application will automatically be considered for an ATM Card.*

ACCOUNT INFORMATION

1 Checking Account Number:

2 Savings Account Number:

3 Additional Account Number:

4 Additional Account Number:

Authorization – Your signature(s) on this form will authorize us to check your credit history and to answer questions about your credit experience with us. Your signature(s) on this form will constitute an agreement that use of the card(s) will be governed by the Electronic Funds Transfer Agreement which you acknowledge receiving.

Card Ownership and Cancellation - You acknowledge the Card has been issued by us and remains our property and may be revoked or cancelled at any time without prior notice to you. You agree to immediately surrender the Card to us upon demand. You may elect to cancel at any time by surrendering and returning the Card. Cancellation by you shall not become effective until the Card is received.

_____ _____

Cardholder Signature Date Additional Cardholder Signature Date

Member FDIC EQUAL HOUSING LENDER

Bank Use Only

Cardholder_____ Additional Cardholder_____

Card # Issued_____ Card # Issued_____

Approved By_____ Approved By_____

Limit_____Date_____ Limit_____ Date_____

Application Denied By_____Reason_____

Processing Completed By_____ Date_____