



FIRST FIDELITY BANK
 1400 GAULT AVE N
 FORT PAYNE, AL 35967

CONSUMER DEBIT CARD APPLICATION

CHECKING ACCOUNT NUMBER: _____

SAVINGS ACCOUNT NUMBER (only for use at ATM): _____

****You must have a checking account to apply for a debit card****

AUTHORIZED CARD USERS AND CARD LIMITS: Each authorized user will be issued a debit card linked to your Checking Account and (optional) Savings account listed above. The authorized user must affix his or signature on the reverse side of the card. The person(s) listed below in this section are designated as authorized users and on the account(s) listed above. Each card listed below will have separate 24 hour limits which will default to the following: \$300.00 for ATM withdrawals, \$500.00 for Point-of-Sale transactions, and a total of \$500.00.

1. Name as it should appear on card: _____

Social Security #: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home Phone #: _____

Date of Birth: _____ Mother's Maiden name: _____

Employer: _____ Work Phone #: _____

2. Name as it should appear on card: _____

Social Security #: _____ E-mail Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone #: _____ Home Phone #: _____

Date of Birth: _____ Mother's Maiden name: _____

Employer: _____ Work Phone #: _____

SIGNATURES: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information above is accurate and authorizes First Fidelity Bank to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's signature _____ Date _____

Co-Applicant's Signature _____ Date _____

****Please mail completed application and opt-in form to address listed above or deliver to any of our three locations****

FOR INSTITUTION USE ONLY:

I have verified that the address listed above matches the address in our system and that it hasn't been changed within the last 30 days.

I have verified that a COMPLETE signature card is on file, and that ALL applicants are on the account(s) listed above.

Approved Denied _____
 Authorized signature Date

Additional Information:
