



ATM/DEBIT Card Application

ATM Card

Personal Debit Card*

Business Debit Card

Deposit Account# _____ Requested Daily Limit _____

**Debit Cards cannot be attached to a savings account.*

CARD HOLDER INFORMATION

Name: _____ SSN: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Driver's License#: _____ Issuing State: _____

AUTHORIZATION: The undersigned hereby certifies that the information contained herein is true and complete, and is supplied to obtain an ATM or Debit Card, and hereby authorizes Nantucket Bank, a division of Sovereign Bank, N.A. if it so desires, to procure or cause to be prepared, an investigative consumer report as defined in the Federal Fair Credit Reporting Act, Public Law 91-508, and also authorizes the Bank to exchange credit information with others in connection with this application. I further understand that the debit card is not a credit card and that the dollar amount of the purchases made with this card will be deducted from the deposit account listed above.

Cardholder Signature _____ Date: _____

BUSINESS DEBIT CARD ONLY

CHANGE IN AUTHORIZED USER: MasterCard® Business Debit Cards are issued for use by an assigned individual authorized by the company or organization. You agree to obtain the card from the assigned individual and notify us in writing if the individual is no longer authorized to use the card. The company or organization shall be liable for any authorized or unauthorized use of the card by officers, employees and affiliates of the company or organization. Notification shall be made by a person(s) who is/are duly authorized to act on behalf of the organization.

As _____ of _____
(Officer Title) (Company Name)

I attest that the above individual is authorized to sign checks on the above account and to access the above checking account through the use of a Nantucket Bank MasterCard® Business Debit Card.

AUTHORIZING OFFICER

Name _____ Signature _____ Date _____
(please print)

BANK USE ONLY

Daily Limit _____	Date ordered _____	Ordered by _____	Verify by _____
Card No. _____	Account Connected in VISION <input type="checkbox"/>		
Date of Last Address Change _____	Verified by _____		