



Equity Access Card Application

The information requested below is required to process an Equity Access Card Application. Incomplete applications will not be processed.

Name					Card #														
Address																			
City					State					Zip Code					Daytime Phone Number ()				
Tax Identification Number					Date of Birth (mm/dd/yyyy)					Evening Phone Number ()									
Mother's Maiden Name					Customer Name Line (maximum 31 letters)														

I wish to access the following accounts with my card:

Please provide the information requested below. Primary accounts are those that are used most frequently.

Account Type	Home Equity Line of Credit Account Number
Line of Credit	

I understand that I am the only individual authorized to use the card. The use of the card signifies agreement to the terms and conditions set forth in the Account Information Brochure. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

DISCLOSURE: Under federal law, the amount of your liability for unauthorized use is limited. For each credit card, the limit is \$50. For each debit card (including Automated Teller Machine cards), the limit is \$50 if you notify the card issuer within two business days, and \$500 if you do not. If you do not notify the card issuer within 60 days after your receipt of a periodic statement showing unauthorized use, no limit may apply for unauthorized charges. In addition, any liability which may be imposed on you by a card issuer is subject to the satisfaction of certain conditions disclosed to you by the card issuer. In no event will you be liable for unauthorized use occurring after you notify the card issuer.

Signature: _____ Date: _____

Employee: _____ Employee #: _____ Office #: _____

MEMBER
FDIC

BACK OFFICE USE ONLY			
Port #	Date Rec/Verified	ATM Network Entry Date	Host Entry Date
N/L on Port	Initials	Initials	Initials