

Bonanza Valley State Bank ATM Card Application

Name: First, MI, Last
Business Name (if applicable):
Social Security Number:
Date of Birth:
Physical Street Address:
Mailing Address:
City:
State:
Zip Code:
Phone Number / Cell Number:
Email Address:
Account # to be attached to Card:
New Account: Yes No

Second Card:

_____ First Name, MI, Last Name

_____ **Social Security Number:**

_____ **Date of Birth:**

_____ **Physical Street Address:**

_____ **Mailing Address:**

_____ **City:**

_____ **State:**

_____ **Zip Code:**

_____ **Phone Number:**

For Bank Use Only

Average Savings Balance	_____	# of Cards	_____
Total Deposits	_____	Expiration Date	_____
Verified	_____	Date Card Ordered	_____
Officer Approval	_____	PIN Ordered	_____
ATM Card #	_____	Reg E	_____

The undersigned in consideration of Bonanza Valley State Bank issuing to me a ATM Card hereby agrees to be legally bound by the following terms and conditions.

1. Accounts and Uses of ATM Card. I have the account including such transactions with you set forth on my application form. I hereby request that you issue to me one or more ATM Cards to be used in connection with such accounts as described in this agreement. I understand I may use the ATM Card at any ATM location to obtain cash. I agree that the uses of the ATM Card described in this agreement shall be subject to the rules and regulations for each account which is accessed by such a card.

2. Use of personal identification number (PIN) with the ATM Card. I understand that an ATM is an automated teller machine. I acknowledge that the Personal Identification Number or PIN which I use with the ATM Card is my signature, identifies the bearer of the card to the ATM and authenticates and validates the directions given just as my actual signature and other proof identify me and authenticate and validate my directions to a human teller. I acknowledge that my PIN is an identification code that is personal and confidential and that the use of the PIN with the ATM Card is a security method by which you are helping me to maintain the security of my accounts. Therefore, I agree to take all reasonable precautions that no one else learns my PIN.

3. I agree to contact you immediately if I believe that the ATM Cards issued to me or my PIN has been lost or stolen or money is missing from my accounts. I also agree that if my statement shows transaction which I did not make, and I do not contact you within 60 days after the statement was mailed to me, I may not get back any money lost after that time. I agree that if I give my ATM Card and PIN to someone else to use, I am authorizing them to act on my behalf and I will be responsible for any use of the cards by them.

4. How to contact the BVSB. I agree to contact the BVSB immediately, if I believe that the ATM Card issued to me or my PIN has been lost or stolen or that an unauthorized transfer or purchase from any of my accounts has occurred or might occur by phoning, and by confirming such information in writing to you at: Bonanza Valley State Bank, 147 Central Ave S PO Box 400 Brooten, MN 56316.

5. Charges. I agree to pay the charges or transaction fees which are charged by you for these services or for services which may later be offered as such fees or charges may be imposed or changed from time to time.

6. Amendment of this agreement. I agree that from time to time you may amend or change this agreement including amendments or changes to add further ATM Card services or to amend or change the charges for these services. You may do so by notifying me in writing of such amendments or changes and my use of the ATM Card after the effective date of any such amendment or change shall constitute my acceptance of and agreement to such amendment or change.

7. Disclosures. I hereby acknowledge the receipt of the disclosure statement informing me of my rights under the Electronic Fund Transfer Act.

8. If opening a new account, approval for an ATM card may take up to 30 days.

9. Bonanza Valley State Bank reserves the right to deny any card application.

10. I agree that at any time Bonanza Valley State Bank can suspend my card and possibly terminate my card if excessive overdrafts occur.

11. I understand this card is not a Credit Card, and that no commitment to extend credit to me will be made by your issuance of the ATM card requested.

12. I acknowledge and agree to the terms and that, once approved, I will receive the card(s) and PIN by mail in separate mailings to help protect my information.

Fees: Replace ATM Card \$10.00

I certify to the truth of the information on this application. I authorize Bonanza Valley State Bank to issue an ATM Card to the individual(s) named above. I understand that any purchases made with the ATM Card will be deducted from my savings account.

Signature: _____

Date: _____

Signature: _____

Date: _____

Adult Signature required if applicant is a minor

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