



ATM/VISA Check Card or ATM Card Application



ATM Card

ATM/VISA Check Card



*To apply for your Litchfield Bancorp ATM card or ATM/VISA Check Card, please complete this brief application form.

Name: _____ 2nd Name (if joint): _____

Social Security No.: _____ Social Security No.: _____

Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

I/We would like access to the following account(s) with a Litchfield Bancorp ATM card or ATM/VISA Check Card:

Checking Account No.: _____

Statement Savings Account No.: _____

By signing below: You agree to abide by the terms and fees outlined in the Electronic Funds Transfer Agreement which was supplied to you at the time your account was opened.

Signature Date

Signature Date

New Card

Card No. 1 (place label here)

Card No. 2 (place label here)

PIN Offset Number: _____

PIN Offset Number: _____

For Office Use Only

Prepared By: _____ Branch: _____

Approved By: _____ Limit: _____

