

APPLICATION INSTRUCTIONS

Please complete this application and bring it to the Jefferson Banking Center nearest you or mail it to the address at the bottom of the following page.

Jefferson Bank

JEFFERSON BANK CONSUMER VISA CHECK CARD APPLICATION

Please complete the application and bring it to the Jefferson Banking Center nearest you or mail it to the address at the bottom of this page.



PERSONAL INFORMATION

Name _____

APPLICANT MUST BE AN ACCOUNT OWNER

Address _____

City/State/Zip _____

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: _____

Daytime Phone: _____ Email Address: _____

ACCOUNT FOR ACCESS

Primary Checking: _____

*ATM, POINT OF SALE AND VISA TRANSACTIONS

Savings: _____

*ATM TRANSACTIONS

AUTHORIZATION

Please click on the following link to access the [Consumer Visa Check Card Agreement](#). By signing this Consumer Check Card application, I agree to all the terms and conditions of the Agreement.

Signature _____ Date _____

BANK USE

Officer: _____ Branch: _____

Signature: _____ Date: _____