

Wolverine Bank Visa® Check Card Application

Applicant: _____ SS#: _____

Joint Applicant: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Email Address: _____

Have you ever been issued an ATM card from Wolverine Bank?

No Yes, Card Number: _____

Once you receive your Visa® Check Card, it will replace your ATM card and your ATM card will be cancelled.

I/We would like to access the following account(s) with my/our Wolverine Bank Visa® Check Card(s)

Checking Account - Account Number: _____

Savings Account - Account Number (ATM access only): _____

You may request a customized PIN (Personal Identification Number) by calling 631-4280 or 800-968-4280.

Your signature(s) on this form will constitute an agreement that use of the card will be governed by our Electronic Funds Transfer Service Agreement.

Applicant's Signature: _____ Date: _____

Joint Applicant's Signature: _____ Date: _____

This section for Wolverine Bank use only.

Card Holder Account Number: _____

Joint Card Holder Account Number: _____

Daily Limit: ATM \$ _____ POS \$ _____ Total \$ _____

Visa Check POS \$ _____ Stand In \$ _____

Received By: _____ Input By: _____ Date: _____