

Lake Shore Savings Bank ATM/Debit Card Application

Employee requesting card _____ Branch # _____ Date _____

Customer Name _____

Social Security Number _____

Address _____

City, State, Zip Code _____

Type of Card Requested

572872 ATM Card Checking/Statement Savings Account number _____

540317 Debit Card Checking Account Number _____

519492 HSA Card HSA Account Number _____

New Order Reorder (reason) _____ Replacement Fee Collected at Branch

(Debit and HSA card PIN can be selected at the time of card activation through the IVR system 1-800-992-3808)

PIN requested for **ATM Cards only** _____

I have reviewed the ATM/DEBIT card application and agree that the above information is correct:

X _____
Customer Signature (Required to process the order)

Customer Overdraft Services for Debit Card Opt in Opt Out
(Overdraft Services Consent Form must be completed or on file)