Visa® Check Card Application

☐ New Card ☐ Re-Issue Card*

*Can only be used for Lost or Damaged cards

Application Information

First Name MI Last Name

Name as it should appear on the card

Physical Address

City State Zip

Mailing Address (if different than above)

Mailing Address

City State Zip

Indicate ONE account from each of the following types to withdraw/transfer to and from or make inquiries or payments to. These will be the primary accounts linked to this card.

Checking Account Number: _____

Savings Account Number _____
(Access to savings accounts with a Check Card is limited to ATM transactions)

Line of Credit Account Number _____

I hereby certify that all statements made herein are true and complete to the best of my knowledge and are submitted for the purpose of obtaining an Omni Check Card. I understand that an account verification service report will be requested in connection with this application.

Customer Signature Date

By your signature above, you acknowledge receipt of and agree to be bound by the terms and conditions set forth in the Bank's Deposit Account Terms and Conditions, Truth in Savings Account Disclosures, Omni Check Card Disclosures and Agreement, OmniAmerican Overdraft Notice, Electronic Fund Transfer Services Disclosure, and Fee Schedule. Card issue subject to approval.

Employee Signature:_____ Branch:_____

Please note that all NEW cards will be issued with a system-generated PIN