



Opening Doors, Building Tomorrows.

DEBIT/ATM CARD APPLICATION FORM

CARDHOLDER'S INFORMATION

Cardholder's Name (Last Name, First Name, M.I.)

PRIMARY ACCOUNT TO BE LINKED

Peso Savings Account No.

Peso Current Account No.

Dollar Savings Account No.

FOR JOINT OR ACCOUNT, ALL ACCOUNT HOLDERS MUST SIGN

Signature of Depositor (1)

Signature of Depositor (2)

SECONDARY ACCOUNT TO BE LINKED

Peso Savings Account No.

Peso Current Account No.

Dollar Savings Account No.

FOR JOINT OR ACCOUNT, ALL ACCOUNT HOLDERS MUST SIGN

Signature of Depositor (1)

Signature of Depositor (2)

By signing this ATM/Debit Card (Equicom Key Card) Application Form, I/we hereby certify that I/we have read and agree to abide by and be bound, jointly and severally, to the terms and conditions governing the Equicom Key Card facility stated at the back of this form and all future amendments thereto. I/we further warrant that all information given by me/us in this application form are true and correct, that the signature/s affixed herein is the same as the signature/s reflected on the signature cards of the account/s designated to be accessed. I/we authorize Equicom Savings Bank to confirm all information from whatever source it may choose. I/We hereby authorize the payment of funds or transactions of the other business on my/our account/s in favor of Equicom Savings Bank for any and all Equicom Key Card transactions pursuant to this Agreement. In case the account to be designated is a Joint (either/or) account, either one of us is authorized to withdraw whatever he/she so desires with the funds without the consent of the other depositor/s. I/We hereby release and discharge the Bank from any and all liabilities claims, damages, or other causes of whatever nature that may now exist or may hereafter surface, all in collection with your reliance with the above presentation.

 Cardholder's Signature

 Date

FOR BANK USE ONLY

Processed and Verified By:

Approved by: