



FIRST WESTERN
BANK & TRUST
You can bank on us

ATM Card

Debit Card

Card #: _____

Card #: _____

Name: _____

Name: _____

Line 2: _____

Line 2: _____

Social Security #: _____

Social Security #: _____

CIF#: _____ Telepin: _____

CIF#: _____ Telepin: _____

Mailing Address: _____ Phone: _____

City: _____ ST: _____ ZIP: _____

ATTACHED ACCOUNTS:

ATTACHED ACCOUNTS:

Checking: _____

Checking: _____

Savings: _____

Savings: _____

Other: _____

Other: _____

By signing below, the undersigned request(s) the described service(s) and agree to the terms and conditions governing the service(s), including any fees or charges. The undersigned agree(s) that all the information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency.

Signature

Date

Signature

Date

BANK USE ONLY

ATM DDL: _____ POS DDL: _____

Officer Approval (over standard limits): _____
Signature Date

Maintenances/Alerts Entered:

Date:	Action:	Card #:	Initials:
_____	_____	_____ JH	_____
_____	_____	_____ JH	_____
_____	_____	_____ JH	_____
_____	_____	_____ JH	_____