Watertown Savings Bank

111 Clinton Street - Watertown, NY 13601 (315) 788-7100 www.watertownsavingsbank.com

ATM / DEBIT CARD APPLICATION

PLEASE SELECT CARD TYPE	ATM	DEBIT
APPLICANT INFORMATION		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
DAYTIME PHONE:	EVENING PHONE:_	
EMAIL ADDRESS:		
ACCOUNT INFORMATION PLEASE NOTE: Passbook Savings Accounts a	re NOT eligible for ATM c	or DEBIT Card.
ACCOUNT NUMBER:		
ACCOUNT NUMBER:(10 Digits Long)		
ACCOUNT NUMBER:(10 Digits Long)		
I / We also acknowledge receipt of disclosure information Confidentiality Policy and my / our rights under the Electron to be legally bound by the Terms and Conditions of such A	nic Funds Transfer Act. I/We h	
APPLICANT SIGNATURE:		DATE:
IMPORTANT: Please remember to sign your application Charges, Privacy Policy and Electronic Funds Transfer.		e Information for Fees and Service
Card Number:(For Office Use Only)		
PIN Offset:(For Office Use Only)		
Employee:(For Office Use Only)		