Bank of Hydro
ESTABLISHED 1903

ATM / VISA CHECK CARD APPLICATION

*I am requesting a Bank of Hydro Visa Check Card as indicated below. I authorize the Bank of Hydro to check my credit. Upon approval: **A.** I have been instructed to keep my PIN number secure and never disclose it to anyone. **B.** Agreed to be enrolled in card notifications. **C.** I have received and read the Bank of Hydro Regulation E-Electronic Funds Transfer Agreement. **D.** I understand there will be a $10.00 fee for all replacement cards and a $10.00 annual fee for **ALL** community cards. The annual fee will be prorated based on the application date. **ALL** funds collected for the community cards will be donated to the applicable school/community organization.*

CARDHOLDER NAME:		**BUSINESS NAME:** *(if applicable)*	
ACCOUNT #:	**SOCIAL SECURITY:**	**DATE OF BIRTH:**	
ADDRESS:	**CITY:**	**STATE:**	**ZIP:**
HOME PHONE:	**CELL PHONE:**	**Did you know…you can manage your debit card with our Mobile App or Online Banking!**	

DEBIT CARD TRANSACTION NOTIFICATIONS	**TEXT:**	**EMAIL:**

SELECT ONE: *(ALL PROCEEDS FROM COMMUNITY CARDS WILL BE DONATED TO THE SCHOOL/COMMUNITY ORGANIZATION)*

Everyday Cards

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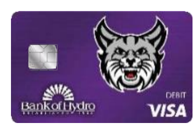
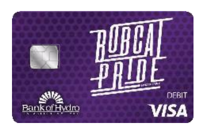
Community Cards



☐
$10.00 ANNUAL FEE



☐
$10.00 ANNUAL FEE

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$10.00 ANNUAL FEE

CUSTOMER SIGNATURE:	**DATE:**

INTERNAL USE ONLY

		DECISION	***CARD LIMITS***	***FEE COLLECTED***
CARD #:		☐ *APPROVED*	☐ *STANDARD (305/500)*	☐ *NEW ACCT*
LOG #:		☐ *DENIED*	☐ *VIP (Need Officer Signature)*	☐ *ANNUAL $__________*
PICKED UP BY:		☐ *REISSUE*	***ATM / POS** ______/______*	☐ *REPRINT $__________*
EMPLOYEE SIGNATURE		***OFFICER SIGNATURE (VIP Limit Approval)***		*****New Accts are No Charge unless they choose a Community Card.*****

REV. 06/12/2025