

# Visa Check Card Application



**Please print name(s) to appear on card**

Last Name of First Applicant		First Name	M.I.
Social Security Number			
Last Name of Additional Applicant		First Name	M.I.
Social Security Number			
Home Address			
City		State	Zip Code
E-Mail Address (first applicant)		Cell Phone (     ) _____ - _____	
Home Phone (     ) _____ - _____		Business Phone (     ) _____ - _____	
E-Mail Address (second applicant)		Cell Phone (     ) _____ - _____	
Home Phone (     ) _____ - _____		Business Phone (     ) _____ - _____	

**I would like VISA Check Cards for the following Bank of Botetourt account(s):**

Checking Account No.	# Cards
Savings Account No.	# Cards
Other Deposit Account No.	# Cards

I/we understand I/we are the only individuals authorized to use this card. By signing this application, I/we are subject to the terms and conditions described in the cardholder agreement and all other applicable rules and regulations. I/we authorize Bank of Botetourt to conduct an appropriate check, including but not limited to records, checks, and credit reports, for determination of my eligibility for a VISA Check Card.

Signature (First Name)	Date
Signature (Second Name)	Date

\* Standard credit approval criteria apply to VISA Check Cards.  
 \*\* Additional fees may apply. Please see the bank's Personal Checking Options brochure and the Consumer Schedule of Fees and Funds Availability for more information.

**For Internal Use Only**

Application received by
<b>Approval Officer</b>
Card #1
Card #2