

DEBIT MASTERCARD & ONLINE BANKING ENROLLMENT FORM

CLIENT INFORMATION

CIF: _____ Social Security Number: _____		CIF: _____ Social Security Number: _____	
Name: _____		Name: _____	
Address: _____		Address: _____	
City: _____	State: _____	Zip Code: _____	City: _____
Phone Number: _____	Cell Phone: _____	Phone Number: _____	Cell Phone: _____
Birth Date: _____		Birth Date: _____	
Email Address: _____		Email Address: _____	

CARD TYPE

Select only one card type	Last four digits of card number	Select only one card type	Last four digits of card number
<input type="checkbox"/> Debit Mastercard®	_____	<input type="checkbox"/> Debit Mastercard®	_____
<input type="checkbox"/> Champlain 24 ATM Card	_____	<input type="checkbox"/> Champlain 24 ATM Card	_____
<input type="checkbox"/> Health Savings Account Debit Card	_____	<input type="checkbox"/> Health Savings Account Debit Card	_____
Checking Account Number (Required): _____		Checking Account Number (Required): _____	
Savings Account Number (Optional): _____		Savings Account Number (Optional): _____	

ONLINE BANKING

Please enroll all my personal bank accounts in Online Banking

SIGNATURES

ATM or DEBIT MASTERCARD®: By signing below, I/We agree to abide by the terms and conditions of the Electronic Funds Transfer Disclosure, which the Bank may amend from time to time. This disclosure was provided to me/us at account opening. We further agree to be bound by all other applicable rules and regulations, and to be jointly and severally liable with each applicant to repay all debts incurred under this account by any applicant or authorized user. I have been instructed to memorize my PIN, never write the number on my card, or tell anyone else the number. I also understand that if two names appear below, each must appear on my accounts' records. I understand this is not a credit card and that the dollar amount of the purchases made with my Debit Mastercard® will be deducted from my Champlain National Bank checking account only. Purchases made with my ATM Card will be deducted from my checking account unless my ATM Card is linked to my savings account only. In that event, purchases will be debited from my savings account.

ONLINE BANKING: I attest that I have read and will be bound by the terms and conditions of the Electronic Funds Transfer Disclosure and the Online Banking and Bill Pay Agreement and Disclosure, which the Bank may amend from time to time. My initial Online Banking Username and Password will be provided by Champlain National Bank. I will create a new Online Banking Password to access the specific accounts listed above. (New Online Banking users only). I agree to safeguard my Username and Password. I agree to notify Champlain National Bank immediately if the confidentiality of my Username and/or Password is compromised. All instructions delivered by Online Banking will be deemed to be my written authorization to charge or credit my so designated accounts for the transaction(s) indicated and such transaction(s) are also subject to Champlain National Bank's rules for my account.

Name: _____ Date: _____ Name: _____ Date: _____

Give this form to a Client Service Representative at your local branch, or mail to: Champlain National Bank, 3900 NYS Route 22, Willsboro, NY 12996

Bank Use
 Accepted and Customer Identity Verified by: _____ Method of Identification: _____
 Changes Input by: _____ Input Reviewed by: _____ Date: _____