



If you need more room, use several copies of this form. Please call your local office or 330-682-1010 if you have any questions or need our assistance.

Complete all the information on this application. To apply for a First National Bank Debit Card, you must maintain a current checking account with us. Standard approval applies. Mail signed form to: First National Bank, Visa Debit Card Department, P.O. Box 57, Orrville, OH 44667.

Features of a Visa Debit Card from First National Bank

Use of a Visa Debit Card at merchant locations wherever you see the Visa symbol - at no charge.
 ATM transactions performed at any First National Bank ATM are fee free. Other ATM fees may apply.
 Store purchases may be made up to \$2000 per card, per 24-hour period, balance permitting.
 Withdrawals of up to \$200 per card, per 24-hour period, may be made at ATMs, balance permitting.
 Applicants under 18 years of age are required to have a signed agreement by an adult accepting responsibility for debts.
 Please refer to First National Bank's Electronic Funds Transfer Disclosure regarding your rights and responsibilities.

Consumer

Visa Check Card No. (FNB use only) _____

First Name _____ M.I. _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Daytime Telephone _____ Evening Telephone _____

Social Security Number _____ Birthdate _____

Mother's Maiden Name (for security purposes only) _____ Driver's License Number _____

Primary Checking Account Number _____

Checking Account No. _____ (ATM Access only) Checking Account No. _____ (ATM Access only)

Savings Account No. _____ (ATM Access only) Savings Account No. _____ (ATM Access only)

Current FNB ATM No. _____ Your new FNB visa debit Card will replace your current FNB ATM card, if applicable. **Do not indicate your PIN on this form.**

By signing below I certify the information provided is true to the best of my knowledge and authorize First National Bank, at its discretion, to verify credit and employment history by any necessary means, including a credit report from a credit reporting agency. The same accounts which are currently linked to my ATM Card will be linked to my new Visa Debit Card for transactions made at an ATM. For transactions made anywhere other than at an ATM, deductions will ONLY be made from my **Primary** checking account listed above. I understand that use of this card signifies agreement to the terms and conditions set forth in First National Bank's Electronic Funds Transfer Agreements.

 Applicant's Signature _____
 Date

Business

Business Name _____ Taxpayer ID No. _____

County and State of Business _____ Checking Account No. _____

Business Address (Street, City, State & ZIP) _____

Business Telephone No. _____ Business Fax No. _____

Business E-mail _____ Business Web Page _____

Number of Cards Requested		Dollar Limits	
Name	SSN	ATM	Purchases
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures: By signing below, you are requesting the VISA Business Debit Card and associated services. You agree to the terms and conditions of the VISA Business Debit Card Agreement, including any fees and charges. You further agree that the information contained in this Application is accurate. You authorize us to verify your creditworthiness and employment history, as an individual, through any necessary means, including having a consumer credit reporting agency run a consumer credit report on you.

 Print Name & Title _____
 Signature _____
 Date

BANK USE ONLY Employee Initials _____ Date _____

DEPOSIT OPERATIONS USE ONLY Input By _____ Verified by _____ Date _____