



Account Info

Please list the Vista Bank checking account that will be associated with your VISA® Check Card:

Checking Account Number (Required) Savings Account Number (Optional)

NOTE: Both the applicant and the co-applicant must be owners of the account listed.

- For Branch Use Only
- Level I
 - Level II
 - Level III
 - Level IV
 - New Card
 - Replacement
 - Mail to Customer
 - Hold at Ops
 - Interoffice to Branch

Bank Representative

Branch #

Applicant

First	Middle	Last	Social Security	Date of Birth mm/dd/yy	Years at Address
Mailing Address	City	State	Zip Code	Primary Phone (Required)	Secondary Phone (Required)
Previous Mailing Address (if less than 2 years at current address)			City	State	Zip Code
Present Place of Employment (if retired, list former)			Business Phone		

Co-Applicant

First	Middle	Last	Social Security	Date of Birth mm/dd/yy	Years at Address
Mailing Address	City	State	Zip Code	Primary Phone (Required)	Secondary Phone (Required)
Business Phone					

Signatures

This information is given to obtain the Vista Bank VISA® Check Card and is true and complete. I authorize Vista Bank to verify the information contained in this application and to obtain further information from a consumer credit report to assist in the review process. When I, or someone I authorize, use this account, I agree to the terms and conditions of the agreement that governs the use of the Vista Bank VISA® Check Card. I will receive a copy of the agreement when I receive my card. I understand that the bank may assess service charges for the privilege of having a VISA® Check Card; service charges are listed in the account disclosure. I understand that if my checking account becomes overdrawn due to a Vista Bank VISA® Check Card transaction, an overdraft fee may be charged.

Applicant's Signature

Date

Co-Applicant's Signature

Date

(required if checking account is a joint account)

Internal Use Only

VI _____ Mailed _____ Date _____ Picked Up By _____
 Shazam _____ Interoffice _____ Date _____ Date _____