



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 IV Mail to Customer
 - Level II New Card Hold at Ops
 - Level III Replacement 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 <i>(required if checking account is a joint account)</i>	Date
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Internal Use Only

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