DEAN BANK

…It's my bank.

DEBIT MASTERCARD® APPLICATION

This application is for a Dean Bank Debit MasterCard.

Account Owner #1   **Account Owner #2**

Name:_____   _____

Address:_____   _____

_____   _____

S.S.#_____   _____

Request cards for acct. owner #1:_____   acct. owner #2:_____

I (We) wish to access the following accounts with my (our) card:

Checking Account #:_____   Statement Savings Account#:_____

Authorizations: By signing below, I am applying for a Dean Bank Debit MasterCard®. **I understand that this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Dean Bank checking account.** I authorize Dean Bank to verify the information provided and to request a credit report if necessary and to process an inquiry with Check Services. The Dean Bank Debit MasterCard is available for qualified customers only and we reserve the right to decline an application. I agree to be bound by the terms and conditions described in the ATM/Debit MasterCard Agreement & EFT Disclosure and cardholder agreement of which I acknowledge receipt.

Signature #1: _____

Signature #2: _____

FOR BANK USE ONLY

Card number owner #1: _____

Card number owner #2: _____

Ordered by: _____   Date: _____