



CHECK CARD APPLICATION

NAME (1) _____ NAME (2) _____

The Check Card may access the following account(s):

Personal Checking Account Number _____
Personal Checking Account Number _____
Personal Savings/MM Account Number _____
Personal Savings/MM Account Number _____

CONSUMER CHECK CARDHOLDER AGREEMENT

I request that you debit my account(s) in accordance with the following:
When I enter my PIN at an ATM (Automated Teller Machine) or POS (Point-of-Sale) terminal and make a transaction, you may treat such transaction as if it were a written order bearing my genuine signature. My use of the PIN to gain access will be treated as if I had submitted such order with my genuine signature. I understand that the Check Card is the bank's property and will return it upon request. I accept all liability, which can legally be imposed upon me for each use of my Check Card, whether or not authorized by me, and agree to notify the Bank immediately if my card has been lost, stolen, or used by anyone without my authorization. I agree that all transactions made through the use of my card are subject to the rules, regulations, and charges governing my account(s) and to any other agreements between the bank and me. I agree not to use the card(s) for illegal gambling or other illegal purposes. I agree that the Bank may add or discontinue services or make any changes to this agreement, provided I receive notification as required by law. I agree that upon a zero account balance, card privileges may be rescinded immediately and will be reactivated only upon my request and Bank approval. I UNDERSTAND that Capital Bank, N.A. IS NOT RESPONSIBLE for the actions of any merchant or other institution with regard to their policies and procedures regarding use of my Check Card. I FURTHER AGREE that I will be responsible for all Card transactions against my account made by an authorized user I designate, whether or not such person is an authorized signatory on the account itself.

ADDITIONAL NOTES:

- 1. There may be a charge to reissue a Check Card, depending on the nature of the card loss.
2. If I have a discrepancy regarding the amount requested and the amount disbursed at an ATM or a discrepancy at a POS terminal, I will notify the Bank as soon as possible at the telephone number or address provided in the Electronic Funds Disclosure statement.
3. Personalized Check Card(s) and PIN(s) will be mailed directly to my address of record. I will notify the Bank immediately if the card(s) and PIN(s) are not received within two weeks.

By signing below, the undersigned requests the described services and agrees to the terms and conditions governing the services, including any fees and charges as described above. The undersigned agrees that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit-reporting agency. Further, the undersigned agree(s) to be bound by the terms of the Consumer Check Cardholder Agreement and have received a copy of the Electronic Funds Transfer Disclosure pertaining to Check Card transactions.

SIGNATURE (1) _____ DATE _____

SIGNATURE (2) _____ DATE _____

FOR BRANCH USE ONLY

Approving Employee: _____ Disclosure Given Date: _____

Data

Input Employee: _____ Card # _____ Date: _____
Card # _____

*Attach Premier printout showing account ownership and authorized signers

Applicant: _____ Co-Applicant: _____

Comments: _____