BankFinancial F.S.B.

VISA CHECK CARD/ATM APPLICATION

Please check one: ☐ **VISA CHECK CARD** ☐ **ATM CARD**

APPLICANT

Name of Applicant _____ **Social Security Number** ___ - ___ - ____

Street Address _____ **Date of Birth** ___ / ___ / ____

City/State/Zip Code _____ **Telephone Number** ___ - ___ - ____

Drivers License/State ID Number _____

Checking Account Number _____ **Savings Account Number** _____ **Card Design Number** _____

CO-APPLICANT

Name of Applicant _____ **Social Security Number** ___ - ___ - ____

Street Address _____ **Date of Birth** ___ / ___ / ____

City/State/Zip Code _____ **Telephone Number** ___ - ___ - ____

Drivers License/State ID Number _____

Checking Account Number _____ **Savings Account Number** _____ **Card Design Number** _____

*Bank**Financial*** INFORMATION

Branch Location _____

SIGNATURES

I hereby apply for a Check Card or ATM Card for the name(s) and account(s) listed above. I (we) acknowledge receipt of the *Bank**Financial*** Account Agreement and Disclosure Statement. I (we) agree to be bound by its terms as amended from time to time.

Signature of Applicant _____ **Date** _____ **Signature of Co-Applicant** _____ **Date** _____

FOR ATM DEPT. USE ONLY: **Card Number** _____ **Card Number** _____

Please mail the completed form to:

*Bank**Financial***, Attn: Cardholder Services, 6415 W. 95th Street, Chicago Ridge, IL 60415-2600