



I am applying for:

- Visa Classic
- Visa Platinum
- MasterCard

## CREDIT CARD APPLICATION

Name – Primary Applicant		Social Security Number		Date of Birth	
Address		City	State	Zip	
Mailing Address (if different)		City	State	Zip	
Cell Phone	Email		Secondary Email		
Home Phone	Employer (also fill in if self-employed)		Employer Phone		Length of Employment
Gross Monthly Income		Occupation		Mother's Maiden Name	
Additional Card or Authorized User? Please print name(s)			Number of Cards on Account		Requested Credit Limit

Name – Co-Applicant		Social Security Number		Date of Birth	
Address		City	State	Zip	
Home Phone	Employer		Employer Phone		Length of Employment
Gross Monthly Income		Occupation		Mother's Maiden Name	

## CREDIT INFORMATION

Bank Name & Address					
Checking Account # & Name(s) on Account		Checking Account # & Name(s) on Account		Savings Account # & Name(s) on Account	
Name & Address of Creditor			Monthly Payment		Balance on Account

This statement is submitted to obtain credit and I/We certify that all information herein is true and complete. I/We agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from other parties. This offer is subject to the credit policies of The Exchange Bank of Alabama. I/We agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicants use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from time to time.

Signature – Primary Applicant		Date	Signature – Co-Applicant		Date
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*Visa uses an Automatic Billing Updater (ABU) service for debit and credit cards. This service is a free benefit to you to help facilitate uninterrupted processing of your recurring payments. ABU service provides updates only to qualified participating merchants with whom a cardholder has established card-on-file (COF) account information to process their recurring payments. You may opt-out of the service if you choose by signing an opt out request form at any branch location.*

## AUTOMATIC PAYMENT DEDUCTION

Checking Account Number: _____		Routing Number _____		<input type="checkbox"/> Minimum Payment	<input type="checkbox"/> Balance in Full
I hereby authorize The Exchange Bank of Alabama to charge my Exchange Bank checking account monthly.					
Signature			Date		

## EASY BALANCE TRANSFER REQUEST FORM

NAME OF CARD ISSUER		ACCOUNT NUMBER	
PAYMENT ADDRESS			EXACT AMOUNT TO BE TRANSFERRED
NAME OF CARD ISSUER		ACCOUNT NUMBER	
PAYMENT ADDRESS			EXACT AMOUNT TO BE TRANSFERRED

PLEASE ATTACH A COPY OF YOUR LAST STATEMENT(S)

Yes! Upon approval, I wish to transfer my present balance on the credit card account(s) listed above to my new credit card account.

Signature		Date
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