

MASTERCARD MASTERMONEY DEBIT CARD APPLICATION

River City Bank

Customer Name (please print) _____

Mailing Address _____ Street Address _____

Home Phone _____ Work/ Cell Phone _____ SSN _____

Date of Birth _____ Place of Employment _____

Checking Account Number(s) to be accessed by card:

(Please list accounts in primary, secondary, etc. order)

Checking Account #1 _____ Name on Account _____

Checking Account #2 _____ Name on Account _____

Checking Account #3 _____ Name on Account _____

Checking Account #4 _____ Name on Account _____

I understand that the use of this card at any ATM not owned by River City Bank or its affiliates will result in a service charge fee of \$1.50 per transaction. This does not include any fees levied by the ATM owner.

Signature _____ Date _____

I authorize River City Bank to issue a MasterMoney Card to access my account(s) and/or to make such card service charges, if any. I certify that the information provided above is true to the best of my knowledge and authorize River City Bank, at its discretion, to obtain credit reports and employment verification on me.

Signature _____ Date _____

Personal Identification Number

You may choose any four-digit number combination. (Ex. 5 4 6 6)

Bank Use Only

Approved _____ Denied _____ Authorization Limit _____

Reviewed By _____ Date _____