TNBANK Visa Debit Card Application

VISA DEBIT Card

☐ New Card
Traditional (Mail – 2-week processing)

☐ Replacement Card (Fee $10)
Traditional (Mail – 2-week processing)

*Address on application must match the address currently on file.
*For an "Instant Issue" Visa Debit Card, please visit one of the following branches:
Oak Ridge Main Office
Cedar Bluff Office
Maryville Office

Last Name	First Name		Initial
Social Security Number	**Date of Birth**	**Telephone Number**	
Mailing Street Address:	**City**	**State**	**Zip**
TNBANK Checking Account Number(s)		**TNBANK Savings Account Number(s)**	

By signing below, the undersigned requests the described service and agrees to the terms and conditions governing the service, including **CARDREPLACEMENTFEEof$10.00** and any additional charges. 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 consumer report by a consumer reporting agency.

Customer Signature _____ Date _____

Once completed, please drop at your nearest branch or email to: _____

Internal Use Only

☐ Card Ordered thru Fiserv System to be mailed to customer.

CSR Initials _____ Date _____

☐ Navigator: New Account Created

CSR Initials _____ Date _____

☐ ATM/Visa Debit Card Number _____

☐ Client Central: Expiration Date Updated

CSR Initials _____ Date _____

☐ Expiration Date _____