



**FIDELITY BANK  
OF FLORIDA, N.A.**

**MasterCard Debit Card Application**

New Card    Add Joint    Name Change    Reorder (Primary    Joint)  
Old/New    Charge    N/C    Initials \_\_\_\_\_ Branch \_\_\_\_\_

**APPLICANT**

Account Number(1) \_\_\_\_\_  
 Account Number(2) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number(s) Home \_\_\_\_\_ Work \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
 Reference \_\_\_\_\_ Phone # \_\_\_\_\_  
 Reference \_\_\_\_\_ Phone # \_\_\_\_\_  
 Nearest Relative (not living with you) \_\_\_\_\_  
 Phone \_\_\_\_\_

**JOINT APPLICANT**

Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Employer \_\_\_\_\_ How Long? \_\_\_\_\_  
 Phone Number(s) \_\_\_\_\_ Work \_\_\_\_\_

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) 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. The undersigned acknowledges prior receipt of the named disclosures:

Truth in Savings Disclosure    Electronic Funds Transfer Disclosure  
 Funds Availability Disclosure    Fee Schedule

**A MasterCard Debit Card may not be used for any illegal transaction.**

Applicant's Signature \_\_\_\_\_  
 Joint Applicant's Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Original signature required. Please complete form and mail or deliver to:**  
**Fidelity Bank of Florida, N.A.**  
**P.O. Box 540160**  
**Merritt Island, FL 32954**

**Please allow 7-10 business days for processing and delivery.**

**OFFICIAL USE ONLY**  
 Date Received \_\_\_\_\_  
 Approved ( Y / N ) \_\_\_\_\_  
 Processed By \_\_\_\_\_