



APPLICATION FOR ELECTRONIC ACCESS DEVICE

_____ ATM Card _____ Check Card

Name: _____

Driver's License Number/State of Issue: _____

Social Security Number: _____

Address: _____

Home Phone: _____ Work Phone: _____

City: _____ State: _____ Zip: _____

Primary Checking Account Number: _____

Other Checking Accounts: _____

Savings Accounts: _____

Card Number: _____

Agreement:

Depositor (whether one or more) hereby applied to Bank for an electronic device ("Access Device"), and additional Access Device(s) for the authorized person indicated above, to access the account(s) listed above and to perform such other banking functions with the Access Device(s) as are described in the Electronic Funds Transfers Agreement and Disclosure.

Depositor, the authorized person indicated above, has received a copy of the Electronic Funds Transfers Agreement and Disclosure, Sterling Bank Check Card Cardholder Agreement and Disclosures (as applicable), and governing Truth in Savings and agrees to be bound by the terms and conditions contained therein, as they may be assessed in connection with the issuance, maintenance, and/or use of the Access Device(s). Depositor, the authorized person indicated above, agrees to notify Sterling Bank immediately should the Access Device(s) become lost or stolen. Depositor, the authorized person indicated above, agrees not to release the Access Device(s) or corresponding personal identification number to any person not specifically named herein.

Customer's Signature: _____ Date: _____

For Bank Use Only

Activation Date: _____ Approved Date: _____