

## AHMEDNAGAR ZILLA PRATHAMIK SHIKSHAK SAHAKARI BANK LTD., AHMEDNAGAR

Aikya Mandir, Anandi Bajar, Ahmednagar - 414 001

**APPLICATION FOR ATM CARD** 

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Branch		
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Please note following intructions before you fill up this form  1. Use CAPITAL letters only. 2. Leave one box space between two words / figurs. 3) Do not write outside the boxes. 4. Joint Accounts Holders are required to give their consent. (Joint Account should be operted be opearted by either or survivor OR Anyone OR Survivor only)  1. Name: Mr./Mrs./Miss./M/S (Surname: First Name - Middle Name)																												
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I declare that the above information is correct. I am aware of the terms & Condition (overleaf) governing the use of the ATM card and I agree to abide by them. The Bank may call me at my above address in connection with my ATM transactions. I hereby request you to issue me your ATM card. I hereby authorise Bank to debit my above mentioned accounts for transactions done on ATM and charges / fees as applicable from time to time.  Signature of the applicant (as per specimen)																												
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CUSTOMER ACKNOWLEDGMENT  1. Verify whether your name is imprinted correctly on the card. If not, take up the matter with your branch of issue.  2. Sign across signature panel at the back of yor card, to prevent misuse of the card.  3. Collect the PIN mailer from the branch and ensure that the PIN number is not tampered. If any signs of tampering is found, immediately surrender the card & PIN to the branch of issure.  I Check carefully all thing which mention in above and found all things are correct.  I declared that I got ATM card. User guide and enclosed envelop off the pin mailer.																												
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