

CHECK CARD FORM

USED ONLY TO CLOSE A CHECK CARD, REPLACEMENT OF A WORN OR DAMAGED CARD OR CHANGE CARD LIMITS.
PLEASE CONTACT CCB IF YOU SUSPECT FRAUD

CLOSE CARD

REPLACEMENT CARD- YOU WILL RECEIVE THE SAME CHECK CARD NUMBER AND THE SAME PIN NUMBER. THERE IS A \$5.00 REPLACEMENT FEE THAT WILL BE DEDUCTED FROM YOUR CHECKING ACCOUNT.

LIMIT

CHANGE CARD LIMITS

PURCHASES: \$ _____ PLUS ATM WITHDAWALS: \$ _____ = \$5500.00
(MUST BE EQUAL TO OR LESS THAN \$5500.00 TOTAL)

INDEFINITELY OR UNTIL _____ EXPIRATION DATE (PLEASE CHECK ONE BOX)

CARD #: _____

NAME: _____

SSN#: _____

ADDRESS: _____

PHONE# _____

EMAIL: _____

COMMENTS:

SIGNATURE: _____

PRINTED NAME

BY SIGNING THIS FORM YOU HAVE AUTHORIZED CCB TO MAKE THE CHANGES INDICATED ON THIS FORM TO THE ACCOUNTS LISTED.

BANK USE ONLY: PORT _____

PREPARED BY: _____

INPUT BY: _____

REVIEWED BY: _____

DATE: _____

DATE: _____

DATE: _____