

## Banking Hours

### Lobby Hours:

Monday – Thursday 9:00 a.m. to 5:00 p.m.

Friday 9:00 a.m. to 6:00 p.m.

### Walk-up Window:

Monday - Thursday 8:00 a.m. to 9:00 a.m.  
& 5:00 p.m. to 6:00 p.m.

Friday 8:00 a.m. to 9:00 a.m.



**FOUNDERS**  
COMMUNITY BANK

## VISA CHECK CARD APPLICATION

237 Higuera Street  
San Luis Obispo, CA 93401  
Tel (805) 543-6500  
Fax (805) 543-6599

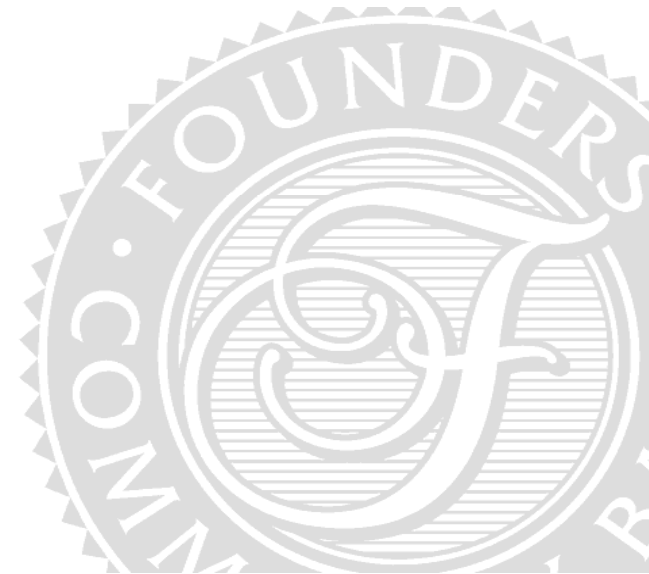
24 hour phone service (888) 543-6595

[www.founderscommunitybank.com](http://www.founderscommunitybank.com)

**Member  
FDIC**



01/03/06



# Founders Community Bank Visa Check Card Application

**APPLICANT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**CO-APPLICANT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PRIMARY ACCOUNTS**

Personal Checking Account Number \_\_\_\_\_

Interest Checking Account Number \_\_\_\_\_

**SECONDARY ACCOUNTS**

Savings Account Number \_\_\_\_\_

**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.

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

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or Deliver to: Founders Community Bank  
237 Higuera Street  
San Luis Obispo, CA 93401

**For Official Use Only**

Date Received:	Approved By:
Limit Increase/Decrease to: ATM \$ _____	CHK CARD \$ _____ By: _____