



HIGH POINT BANK ATM AND CHECK CARD TELEPHONE AUTHORIZATION FORM

In this Authorization, the words "we" "our" or "us" mean the financial institution and the words "you" "your" "I" or "me" mean the depositor/account holder who authorizes the changes and/or additional services checked by signature below. Text which is not checked does not apply to the agreement.

Name (Last, First, Middle)

Telephone

Street Address City State Zip

Tax Identification Number

Signature

I am the owner of or an authorized signer on the account(s) listed below. I hereby authorize the following changes to my accounts named below. I understand and agree that all changes are subject to the terms and conditions of my account agreement with High Point Bank and Trust Company.

Signature of Owner/Authorized Signer Date Received By: Bank Representative Branch Date

If this block is checked, your request was made by telephone using the Customer Service Center. We verified your identification by asking for at least two of the following. (If applying for a new card, we will ask for 3 of the following):
- Your Name and Address
- Your Tax Identification Number
- The Date of Your Last Deposit
- Your Driver's License Number
- Your Telephone Number
- Other:
For security reasons you will be mailed a copy of this form. If you did not authorize this change, please notify us immediately at 881-3400.

ATM / Check Card Account Changes

Please change my PIN number Hot Card
Please send me a replacement card. Close Card
Please add an additional card to my existing account.
Name: SSN:
I would like to apply for a debit card Standard Insignia ATM Only
Account Holder's Name: SSN:
Secondary Name: SSN:
Accounts to be linked with card:
Does customer currently have an ATM card? YES NO Card number:

For Back Office Purposes Only

Change Entered By: Date:
Audited By: Date:

For added security, we do not keep PINs on file.

PIN Changed to: PIN for Additional Card:
PIN for New Debit Card 1: PIN for New Debit Card 2: