



SOVEREIGN DEBIT CARD APPLICATION

Please provide the following information. This application can only be processed with your signature in place. Please print the application, complete the form, sign it and mail it to:

Sovereign Bank
Mail Code: RI1-EPV-02-18
1 Sovereign Way
East Providence, RI 02915

Please note that all written requests must be notarized.** If you would prefer to complete this request by phone, please call 1-877-768-2265 and one of our Customer Service Representatives will be happy to assist you.

Applicant Personal Information

For the applicant, we ask for this information so we can get in touch with you regarding your application.

Application For [] Sovereign Debit Card [] ATM Card Only
Applicant Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Telephone Number: _____ Work Telephone Number: _____
E-mail (optional): _____
Social Security Number: _____ [] Male [] Female

Account Information

Please list the checking and savings account numbers that you want attached to your card below, beginning with your primary checking and savings accounts.

Account Type: Checking Savings
Account Numbers 1* _____ 1 _____
2 _____ 2 _____
3 _____

*The amounts of your purchases are deducted from this account.

Applicant Signature X _____ Date _____

Acknowledgment

State of _____)
County of _____) ss.
On the _____ day of _____, in the year _____, before me the undersigned notary public, personally appeared _____, personally known to me (or satisfactorily proven by means of this form of identification: _____) to be the person whose name is subscribed to the within instrument, and acknowledged that she/he (circle one) executed the same for the purposes therein contained.
In witness hereof I hereunto set my hand and official seal. _____ Date _____
(Official Signature and Seal of Notary Public)
(Name of Notary Public typewritten or clearly printed)
Notary Public
My Commission expires _____

**Any written requests received that are not notarized will not be processed.
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