

# Shri D T Patil Co-Op Bank Ltd,. Chikodi,

## Application Form For RuPay ATM Card

To,  
The Branch Manager,  
Branch: \_\_\_\_\_  
Shri D T Patil Co-operative Bank Ltd., Chikodi

**Sub: ATM Card Issuance Request.**

I wish to apply for AM card at Shri D T Patil Co-Operative Bank Ltd,. Chikodi.  
Name of Branch: \_\_\_\_\_

**My/ Our Account Type:** Saving A/c  Current A/c

**Account Number:**

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**Account Holder Name:** : \_\_\_\_\_  
**Address** : \_\_\_\_\_  
**Mobile No** : \_\_\_\_\_  
**E-Mail ID** : \_\_\_\_\_

- I confirm that I have the required mandate to operate the account singly.
- I authorize Shri D T Patil Cooperative Bank to Issue a Debit cum ATM card to me
- Annually, I further unconditionally and irrevocably authorize to debit my account for ATM Card charges.

### DECLARATION/DEBIT CARD UNDERTAKING

I have received, read and understood the terms and conditions governing the usage of the Debit Card. I accept to be bound by the said terms and conditions and to any changes made therein from time to time by the Bank at its sole discretion without any notice to me. I confirm that I am the sole account holder or have the required mandate to operate the account linked to the Debit Card singly and that I have completed 18 years of age. I understand and undertake that the usage of the Debit Card shall be as per rules.

I accept full responsibility for my/our Debit Card and agree not to make any claims against SHRI D T Patil Co-Operative Bank respect thereto.

**(Applicant's Signature)**

**(Other Account Holder/s Signature)**

(In case of joint account holders, all account holders shall put their signatures)

**Date:**



For Bank Use Only

Accepted By:  
Accepted On:  
Voucher Number:  
Branch Name & Number: