



VISA PREPAID CARD AND PIN MAILER ACKNOWLEDGMENT FORM

DATE _____	BRANCH: 175-GREENHILLS CONNECTICUT
NAME <input checked="" type="checkbox"/>	_____
CARD NUMBER/S <input checked="" type="checkbox"/>	_____
ACCOUNT NUMBER/S _____	_____
This is to acknowledge receipt of VISA Debit Card and PIN Mailer .	
<input checked="" type="checkbox"/>	 _____ VISA DEBIT CARD RELEASED BY
ACCOUNTHOLDER'S PRINTED NAME AND SIGNATURE _____	_____
	PIN MAILER RELEASED BY _____

AUTHORIZATION PORTION

This is to authorize _____ whose signature appears below and upon presentation of his/ her valid Identification Card to pick up my Visa Debit Card and PIN Mailer.

ACCOUNTHOLDER'S PRINTED NAME AND SIGNATURE _____	_____
	ID Presented
SIGNATURE OF AUTHORIZED REPRESENTATIVE _____	_____
	VISA DEBIT CARD RELEASED BY
ACKNOWLEDGEMENT SIGNATURE OF AUTHORIZED REPRESENTATIVE _____	_____
	PIN MAILER RELEASED BY

BANK PORTION	
SIGNATURE VERIFIED BY _____	
APPROVED BY (Service Head/Branch Head) _____	

REFERENCE NO: _____