

“Personalized Banking”
IS OUR BUSINESS™

The Bank of Denver has been locally owned since 1953, focused on providing friendly, efficient service to all of our personal and commercial customers.

Visa® Debit Card



Corporate Offices

810 East 17th Avenue, Denver, CO 80218
M - F, 9 a.m. to 5 p.m.

16th Street Mall Branch

405 16th Street
M - F, 9 a.m. to 5 p.m.

Uptown Branch

17th and Clarkson
Lobby: M - F, 9 a.m. to 6 p.m.
Drive Up: M - F, 7 a.m. to 6 p.m.
Sat., 9 a.m. to 1 p.m.

Golden Triangle Branch

606 West Colfax Avenue at Fox Street
Lobby: M - F, 8 a.m. to 5 p.m.
Drive Up: M - F, 8 a.m. to 5 p.m.

Leetsdale Branch

530 S. Holly Street
Lobby: M - F, 9 a.m. to 6 p.m.
Drive Up: M - F, 8:30 a.m. to 6 p.m.
Sat., 9 a.m. to 4 p.m.

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303-572-3600
www.thebankofdenver.com

Visa® Debit Card

The Visa® Debit card is a convenient way for you to pay for purchases directly out of your checking account and get cash at ATM's without writing a check. It's two cards in one. The debit card can be used anywhere Visa® cards are accepted.

If you would like a Visa® Debit card for your personal account, complete and sign the authorization form for personal accounts. If you are a business customer, complete the authorization form for business accounts.

Visa® Debit Card Authorization Form

PERSONAL ACCOUNTS

Date _____

Yes, I/we would like a Visa® Debit Card with access to
Checking/Savings Account Number _____.

*If two authorized signatures are required on the account,
both parties must sign this authorization form.*

Primary Account Holder

Order Card

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail _____

Customer Signature _____

Secondary Account Holder

Order Card

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail _____

Customer Signature _____

Total Number of Cards: _____

Mail this form, bring it to any branch or fax it to: 303-623-0624

Visa® Debit Card Authorization Form

BUSINESS ACCOUNTS

Yes, I/we would like a Visa® Debit Card with access to Business
Checking Account Number _____.

*If two or more authorized signatures are
required on the account, all parties must
sign this authorization form.*

Business Name on Account _____

Name _____

Address _____

City, State, Zip _____

Phone Number _____

E-mail _____

Signature of authorized signer

Date

I/we authorize the following cards & limits:

Name of card user _____

Signature of card user _____

Daily cash limit \$ _____ (\$1,000 max.)

Daily point of sale limit \$ _____ (\$5,000 max.)

Name of card user _____

Signature of card user _____

Daily cash limit \$ _____ (\$1,000 max.)

Daily point of sale limit \$ _____ (\$5,000 max.)

Name of card user _____

Signature of card user _____

Daily cash limit \$ _____ (\$1,000 max.)

Daily point of sale limit \$ _____ (\$5,000 max.)

Total Number of Cards: _____

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