



Thank you for your interest in the Sandy Spring Bank Personal Debit MasterCard. To request a Debit Card, please complete the following steps:

1. Print out this form.

*This form may be completed electronically and then printed. Press the tab key to activate the editing function. Complete each line then tab to the next line. Once all fields have been entered, print out the form and skip to step 3. For your safety, this form cannot be saved with your personal information.*

2. Provide the requested information.
3. Read the Personal Deposit Account and Electronic Banking Disclosure and Agreement particularly Section B.
4. Sign and mail this completed form to:

Sandy Spring Bank  
Client Service Center  
17801 Georgia Ave.  
Olney, MD 20832

If you have any questions about this form, please call our Client Service Center at 800.399.5919 and press 2, and a representative will be happy to assist you.

**Please note: A separate form must be completed for each authorized signer requesting a card. Only one card may be issued to each signer. Only authorized signers on the account may receive a card. We cannot accept this form via fax or email.**

## MasterCard DEBIT CARD APPLICATION

**TYPE OF CARD REQUESTED:** Debit Card

**SSN:**

**MOTHER'S MAIDEN NAME:**

**NAME:**

**ADDRESS:**

**HOME PHONE:**

**WORK PHONE:**

### PRIMARY ACCOUNT ACCESS

Point of Sale access available for Primary Checking account only.

**PRIMARY CHECKING:**

**PRIMARY SAVINGS:**

### SECONDARY ACCOUNT ACCESS

Secondary accounts can only be accessed at a Sandy Spring Bank ATM.

**SECONDARY CHECKING:**

**SECONDARY SAVINGS:**

*I am requesting the service indicated above. I acknowledge receipt of and agree to the Personal Deposit Account and the Electronic Banking Disclosure and Agreement and Personal Fee Schedule.*

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

<b>FOR BANK USE ONLY</b>