



Butterfield

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www.butterfieldgroup.com

DEBIT CARD INSTRUCTIONS

Card Services

CARD ACCOUNT DETAILS

Account Number: _____ Date (DD/MM/YY): _____

Visa® Debit Card Number: / /

Cardholder Name: Mr. Mrs. Ms. Miss. First: _____ Middle: _____ Last: _____

Mailing Address: _____

Telephone: (Home): _____ (Work): _____ (Mobile): _____

E-mail: _____

Reason for Re-issue: Damage Card* Non-receipt of Re-issue Card Other:

Name Change to*:

(Please print name to appear on card, not to exceed 21 characters including spaces)

*Replacement fee of CI\$25,00 will apply.

AMENDMENTS

Change Primary Account Number to: _____

<input type="checkbox"/> Change Debt Card Limit to One of the Daily Fixed Limits:	<input type="checkbox"/> Daily Limit 1	<input type="checkbox"/> Daily Limit 2	<input type="checkbox"/> Daily Limit 3
ATM	CI\$1,000	CI\$3,000	CI\$5,000
Point Of Sale	CI\$5,000	CI\$10,000	CI\$30,000

Business Debit Card Only – Please Choose a Daily Transaction Limit for Both ATM Cash and Point of Sale Transactions.	ATM	<input type="checkbox"/> CI\$0 (No Cash Allowed)	<input type="checkbox"/> CI\$1,000	<input type="checkbox"/> CI\$3,000	<input type="checkbox"/> CI\$5,000
	Point Of Sale	<input type="checkbox"/> CI\$1,000	<input type="checkbox"/> CI\$5,000	<input type="checkbox"/> CI\$10,000	<input type="checkbox"/> CI\$30,000

Card to be Picked up at: Butterfield Place Midtown Plaza Governors Square
 Mail to Address on File Courier to Above Address (Fee will Apply).

Print Name _____ Customer Signature _____ Date (dd/mm/yyyy) _____

Card Collected by: Print Name _____ Signature _____ Date (dd/mm/yyyy) _____

Bank Use ONLY

CI#: _____ Input by: _____ Date (dd/mm/yyyy): _____

Card No.: _____ Checked by: _____ Date (dd/mm/yyyy): _____

Charged \$25.00 Fee Charged Courier Fee

Information Classification: Confidential