Butterfield

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www.butterfieldgroup.com

CARD INSTRUCTIONS

Card Services

CARD ACCOUNT DETAILS

Primary Account Number: Date (dd/mm/yyyy):

CIF#: 1 0 Type of card: ☐ Debit Card ☐ Credit Card

MasterCard #: / / / Visa Card #: / / /

Date of birth (dd/mm/yyyy): Mother's Maiden Name:

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

Mailing Address:

Telephone: (Home): (Work): (Mobile): E-mail:

Reason for Re-issue: ☐ Damage Card* ☐ Request New Card #* ☐ Retain at ATM ☐ Non-receipt of Re-issue Card

☐ Name Change to*:

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

*I / We understand that there is a charge for these services as indicated in the current schedule of fees for cards.

DEBIT CARDS ONLY

☐ Link Accounts available at ATM:

☐ Change Primary Account Number to:

Business Debit Card Only – Please Choose a Daily Transaction Limit for Both ATM Cash and Point of Sale Transactions.

ATM ☐ CI$0 (No Cash Allowed) ☐ CI$1,000 ☐ CI$5,000

Point Of Sale ☐ CI$1,000 ☐ CI$12,000 ☐ CI$25,000

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

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

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

☐ Charged CI$25.00 Fee ☐ Charged US$35.00 Fee ☐ Charged Courier Fee

CS25-14