



Personal Debit/ATM Card Application

Please complete Section 1 to request a Debit Card, Section 2 to request an ATM Card, Section 3 to have a card reissued, Section 4 to add an account to your card, provide your signature in Section 5, and follow the mailing instructions provided in Section 6 (on Page 2) to complete the application process for the elected services below.

Section 1: New Debit Card

Elect to receive a Debit Card and you will be able to make credit (Signature-based) and debit (PIN-based) purchases, plus, receive cash back at thousands of retailers. The Debit Card also provides access to any ATM wherever the card is accepted. Your card should arrive within 5-7 business days after we process your request.

Yes, I would like to receive a Debit Card! You can elect to link up to two (2) accounts, one checking/money market and one savings account to your debit card. A checking/money market account must be linked to your debit card. Please list the checking/money market and savings account (if applicable) you wish to link to your Debit Card below.

Checking/Money Market Account #: _____ Savings Account #: _____

Section 2: New ATM Card

Elect to receive an ATM Card and gain access to any ATM wherever the card is accepted. Your card should arrive within 5-7 business days after we process your request.

Yes, I would like to receive an ATM Card! You can elect to link up to two (2) accounts, one checking/money market and one savings. ATM Cards must be linked to either a checking account, savings account, or both. Please list the checking/money market and/or savings account you wish to link to your ATM Card below.

Checking/Money Market Account #: _____ Savings Account #: _____

Section 3: Debit/ATM Card Reissue

Please reissue me a new Debit Card. Please reissue me a new ATM Card.

Reissue reason: Lost/Stolen Fraud Defective Strip Name Change

Section 4: Customer Maintenance

Please add an additional account to my card.

Card Number: _____ Account #: _____

Primary Secondary

Section 5: Signatures

By signing below, I hereby request a new or reissued Happen Bank Debit Card or ATM Card, and/or request additional accounts to be linked to my card. I understand that this is not a credit card and that the dollar amount of the purchase made with this card will be deducted from my Happen Bank primary checking account only. I authorize Happen Bank to verify the information provided above and agree that the Bank may obtain any appropriate credit information including, but not limited to, information from a National Protection Service provider and credit bureau agencies. I understand that the use of this card is governed by the terms and conditions in the Debit Card Agreement and Electronic Banking Disclosure.

Printed Name:

Signature:

Date:

Printed Name:

Signature:

Date:

Section 6: Mailing Instructions

Please return the signed, original copy of this application by using one of the following methods:

1. Provide to a Happen Bank representative at any of our Banking Centers.
2. Send via regular mail to:

Happen Bank, N.A.
ATTN: Customer Service Department
PO Box 55063
Boston, MA 02205-8031

3. Return via DocuSign provided by Happen Bank representative.
4. Return via secure e-mail sent through Kiteworks by Happen Bank representative.