

“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.

Corporate Offices

810 East 17th Avenue
Denver, CO 80218
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.



303-572-3600

www.thebankofdenver.com

Visa® Debit Card



“Personalized Banking”
IS OUR BUSINESS™

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: _____

“Personalized Banking”
IS OUR BUSINESS™

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