

Bank of America® Secured Visa® Application



Pursuant to requirements of law, including the USA PATRIOT ACT, Bank of America is obtaining information and will take necessary actions to verify your identity.

Important: To ensure prompt processing, please print and fill out completely. **Note:** If married, you may apply for a separate account in your own name.

Instructions:

1. Fill out application form.
2. Send a cashier's check, money order, or personal check for \$250 up to \$10,000. (Make check payable to Bank of America.)
3. Mail your application form and funds to: Bankcard Processing Center, PO Box 53144, Phoenix, AZ 85072-9324

BANKING RELATIONSHIP

Do you have a banking relationship with Bank of America? YES NO If yes, please list your Checking Account #: _____
 Check here if you do not wish to receive a Mini-Card.

1 Please tell us about yourself

First Name	MI	Last Name	JR/SR
Social Security Number	Area Code & Phone Number () -	Date of Birth MM DD YY	
Physical Address (No P.O. Boxes)			Apt. #
City	State	Zip	Email Address:
Mailing Street Address (if different from above)			Apt #
City	State	Zip	
Monthly Payment \$	<input type="radio"/> Rent <input type="radio"/> Mortgage	Bank of America Customer Since MM YY	Are you a U.S. citizen or a Permanent Resident of the U.S.? <input type="radio"/> Yes <input type="radio"/> No If 'No', please list Alien Registration #

2 Please tell us about your employment or source(s) of income

Name of Current Employer or Business	Income from alimony, child support or separate maintenance payment need not be revealed if you don't wish us to consider it as a basis for repayment.
Area Code & Work Phone () -	Annual Gross Household Income \$
<input type="radio"/> Retired <input type="radio"/> Permanently Disabled	

3 Yes, I want a free additional card

First Name	MI
Last Name	
Social Security Number	

4 Deposit information

Deposit Amount Enclosed \$

5 Optional Cardholder Security Plan™

Yes. I am signing below to acknowledge receipt of the CSP Terms and Conditions and I want to help protect my account with the optional Cardholder Security Plan™. ♦
This plan can credit my credit card account up to 12 monthly payments in the event of disability, unemployment or unpaid family leave of absence and up to \$10,000 in the event of Accidental Death. DBAS0603

Yes _____ No _____
Sign here for the Cardholder Security Plan Sign here to decline

6 Signatures for agreement

Note: Application cannot be processed without signature(s).

By signing below, you agree to the authorizations, terms and conditions on the right side. If you provide us your personal check to fund the security account, you authorize us to convert the check to an electronic debit to your checking account for the same amount.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X
Your Signature _____ Date _____

X
Co-Applicant's Signature _____ Date _____

Substitute Form W-9

Certification – Under penalties of perjury, I certify that (1) The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) The IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions

You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return. (See also IRS instructions for Substitute Form W-9 in the Deposit Agreement and Disclosures.)

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