

Our future, Our bank



PREPAID RELOADABLE CARD



BANK LOCATIONS

1000 Airport Boulevard Coolidge
High & Thames Streets, St. John's
Nelson's Dockyard, English Harbour
Jolly Harbour, St. Mary's
(268) 480-5300
info@ecabank.com
www.ecabank.com

HOURS OF OPERATION

Eastern Caribbean Amalgamated Bank is open
Six (6) days a week for your convenience

Coolidge & High Street Branches

Monday - Thursday 8am - 2pm
Friday 8am - 4pm

Dockyard & Jolly Harbour Branches

Monday - Thursday 8.30am - 1.30pm
Friday 8.30am - 3.30pm
Saturday 8.30am - 11.30pm (Coolidge Only)

ATM LOCATIONS

1000 Airport Boulevard
Coolidge, Antigua

High & Thames Streets
St. John's, Antigua

Nelson's Dockyard
English Harbour

Jolly Harbour
St. Mary's

Epicurean Fine Foods & Pharmacy
Friars Hill Road, Antigua

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PREPAID CARD APPLICATION



Pre-Paid Application Form (Please Type or Print)

PERSONAL INFORMATION

Last Name

First Name Middle Name

Sex: Male Female

Date of Birth (D/M/Y)

Home Address

Email Address

Home Phone Mobile Phone

Mother's Maiden Name

Nearest Relative (not living with you) Phone/Mobile No.

Antiguan & Barbudan Citizen/Resident

Social Security Number

Passport Number

Driver's Licence Number

EMPLOYMENT HISTORY

Current Employer or Business (if retired, please list former employer)

Position (if retired, please indicate) No. of Years Employed

Employer's Address Business Phone

City Country Postal Code

CARD INFORMATION

I am applying for:

- Prepaid Reloadable
- Maintenance
 - Travel/Shopping
 - Payroll
 - Card Renewal

Initial Deposit (US\$)

Existing ECAB Customer No Yes (If yes, fill out account info below)

Account Number

Account Type Chequeing CD Savings Other

CARD HOLDER INFORMATION (If different to Applicant)

Name of Card Holder

Relationship to Applicant

Antiguan Address Phone

City Country Postal Code

Social Security Number

Passport Number

Driver's Licence

Date of Birth (D/M/Y)

Existing ECAB Customer No Yes (If yes, fill out account info below)

Account Number

Cardholder's Email Address

INDICATE EXACTLY HOW YOUR NAME IS TO APPEAR ON THE CARD.
(Please print. Maximum 23 characters)

CARD FUNDED BY

How will the card be funded:

- Grant/Sponsorship
- Salary
- Other

MAILING ADDRESS (If different from home address)

Mailing Address

City Country Postal Code

INTERNATIONAL ADDRESS (If Student)

Name of School

City Country Postal Code

SIGNATURE

This information given to obtain Eastern Caribbean Amalgamated Bank's Visa Prepaid Card is true and complete. I have read and agreed to be bound by the terms and conditions of the Agreement that govern my account. In addition, I understand that I will receive a copy of the Agreement along with my Visa card. I also understand that this application, and all the information obtained in connection with it will be held in strict confidence and for Bank use only.

Applicant's Signature

Date

FOR BANK USE ONLY

Date Application Was Received

Approved By Date

Account No.

Entered In ECAB Systems By Date

Verified By Date