

FIRST STATE BANK & TRUST  
**DEBIT CARD REQUEST FORM**

**Account Holder Information:**

**ISSUE CARD TO**

First Name Last Name Date Of Birth

Email Address

Address

City State Zip

Primary Phone Number Work Phone Number

**ACCOUNT INFORMATION AND INSTRUCTIONS:**

Account(s) to Access with Combined ATM/POS/Debit Card:

**Primary Checking Account Number:**

**CARD TYPE**

*Please select card type*

Personal Tonganoxie Perry Bonner Springs McLouth Piper Basehor Lawrence Humane Society

**CARD DELIVERY Pickup at Location\* Mail to Address Listed Above**

Select Pickup Location:

*\*Cards are typically available for pickup within 24 hours. Order form must be submitted during regular business hours of Monday - Friday 8:00am to 5:00pm. All orders received after business hours or on weekends will be processed on the next business day.*

**Note:** Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions on the VISA network from your Combined ATM/POS/Debit Card will be deducted from the Primary Account listed above. Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions involving a refund will be credited to your Primary Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transactions. Visa is a registered trademark of Visa International.

**The Combined ATM/POS/Debit Card Cards are to be setup/enabled with the following features:**

- Automated Teller Machine Access
- Point of Sale Debit Card Access
- Enhanced Point of Sale Debit Card Access with Visa logo

Special Instructions or Provisions: \_\_\_\_\_

**AUTHORIZATION**

I (the Account Holder(s)) apply for a Combined Automated Teller Machine / Point Of Sale / Debit (ATM/POS/Debit) Card to be used in conjunction with the account(s) listed above. The Combined ATM/POS/Debit Card will be setup (pursuant to my request) with the functions or features indicated above and usage of the Combined ATM/POS/Debit Card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that have been provided to me. I authorize the Financial Institution to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this Combined ATM/POS/Debit Card is not granted. I agree not to use the Combined ATM/POS/Debit Card Service in any illegal activity.

**ACCOUNT HOLDER:**

**How to submit this form:**

1. Print and bring to a location. You can give to any employee or leave in Night Depository.
2. Save form and email to Customer Support: customercontact@firststateks.com

X \_\_\_\_\_  
Cardholder Signature Date

**FOR INSTITUTION USE ONLY**

Date Approved: \_\_\_\_\_  
Card Number Assigned: \_\_\_\_\_

By: \_\_\_\_\_  
By: \_\_\_\_\_