

FIRST STATE BANK & TRUST
DEBIT CARD REQUEST FORM

Account Holder Information:

ISSUE CARDS 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:

Card Delivery Options: Pickup at Location* Mail to Address Listed Above

Pickup Location:

**Cards are typically available for pickup within 24 hours if order form is submitted during regular business hours of Monday through 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:

X _____
Cardholder Signature Date

FOR INSTITUTION USE ONLY

Date Taken _____
Date Approved: _____
Card Number Assigned: _____
Data Entry Date: _____

By: _____
By: _____
By: _____