

**First State Bank  
Of Campbell Hill  
Debit Card Application**



Please Print

Name: \_\_\_\_\_  
Last First MI

Social Sec. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

This card should be linked to my checking account number \_\_\_\_\_ for purchases and ATM use.

This card should be linked to my savings account number \_\_\_\_\_ for ATM access only. (Optional)

By signing below I understand I am applying for a First State Bank of Campbell Hill debit card to be used in conjunction with the account(s) listed above. I understand if I request a replacement due to my debit card being damaged, lost, or stolen, **I will be required to pay a fee of \$10.00 per card.** In the case of unauthorized fraudulent activity, the replacement fee will be waived. I also understand that if I change/create a new PIN number, **I will be automatically charged a \$5.00 fee. I authorize the First State Bank of Campbell Hill to access my account(s) and/or make such card service charges as indicated above.** Upon acceptance, I understand I will receive the Bank's Electronic Funds Transfer Service Agreement and agree to abide by, and be bound by its terms. I certify that the information provided is true to the best of my knowledge and authorize the bank, at its discretion, to obtain credit reports and employment verification.

\_\_\_\_\_  
Signature Date

**For Bank Use Only**

Ordered By: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

PAN: \_\_\_\_\_

Student Checking: Yes  No

Officer Approval: \_\_\_\_\_ Officer Denial: \_\_\_\_\_

Officer Initial for Limits Other Than Default: \_\_\_\_\_

Letter: Yes  No  Mailed By: \_\_\_\_\_

For Bank Use Only

Card Number

First

Last

