

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



Please Print

Name: _____
Last First MI

Additional Embossed Line: _____

Social Sec. #: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email Address: _____

Text Messaging for EnFact alerts: Yes No Cell Phone: _____

For Bank Use Only

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.

Card Number

Signature _____ Date _____

For Bank Use Only

Officer Approval: _____ Officer Denial: _____

Student Checking: Yes No Active/Reserve Military: Yes No

Automatic Billing Updater:

Prior Card Number (last digits after 0's): _____ Prior Card Expiration: ____/____

OR Cardholder Opt Out (please have customer sign form): **OR** ABU Not Applicable:

PAN: _____

Ordered By: _____ Date Ordered: _____

Letter/Disclosures: Yes No New Act By: _____

First

Last