

**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: _____

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

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: _____

For Bank Use Only

Card Number

First

Last

