



Debit Card Application

Mail Completed application to Farmers State Bank, PO Box 330, Westmoreland, KS 66549

Last Name First Name MI Social Security # Birthdate

Street Address City State Zip Code

Mailing Address (if different) City State Zip Code

Home Phone Number Work Phone Number

This card should be linked to my checking account # for purchases and ATM Use

(Optional) This card should be linked to my savings account # for ATM access only

I understand if my Farmer's State Bank Debit Card is damaged, lost or stolen, I may be required to pay a replacement fee of up to \$30.00. I authorize Farmers State Bank to issue a card to access my account(s) and/or to make such Card service change, as indicated above. Upon acceptance, I understand I will receive Farmers State Bank's Electronic Funds Transfer Service Agreement and agree to abide by and be bound by it's terms. I certify that the information provided is true to the best of my knowledge and authorize Farmers State Bank, at it's discretion, to obtain credit reports and employment verification on me.

Cardholder Signature

Date

Staff Use
Date: __/__/__
New Account
New Plastic
New Card #
Receiving Employee