

DEBIT CARD APPLICATION**For Bank Use Only:**

Receiving Date

____/____/____

Receiving Employee

Date Ordered

____/____/____

Card Number

Drop off at any location or mail completed application to:Farmers State Bank
PO Box 330
Westmoreland, KS 66549**PERSONAL CONTACT INFORMATION****Customer Legal Name:** First: _____ MI: _____ Last: _____**Social Security #:** _____ **Birthdate:** _____**Street Address:** _____**City:** _____ **State:** _____ **ZIP Code:** _____**Mailing Address (if different):** _____**City:** _____ **State:** _____ **ZIP Code:** _____**Home Phone:** _____ **Work Phone:** _____**Cell Phone:** _____ **Email Address:** _____

- 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

SIGNATURE AGREEMENT

I understand if my Farmers State Bank Debit Card is damaged, lost or stolen, I may be required to pay a reissue lost card fee of \$30.00 or a reissue damaged card fee of \$15.00. 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 its terms. I certify that the information provided is true to the best of my knowledge and authorize Farmers State Bank, at its discretion, to obtain credit reports and employment verification on me.

SIGNATURE**Applicant Signature:** _____**Date:** _____