

Citizens State Bank

ATM/POS/Debit Card Request Form

Combined ATM/POS/Debit Card Request Form

(In order to submit your request, we require your signature. As a result this form can not be submitted directly via email. Please print the form, sign it and either scan and email it to servicing@citizensbank.net or bring it to your local branch. *If you would like an Instant Issue card you must bring it to a branch.*)

Request: (Select one) New Card Replacement Card

(Please note that a nominal fee may be charged for replacement cards.)

If replacement card, was the original card lost/stolen or damaged?

Lost/Stolen

Damaged

Account Holder:

Phone:

Address:

Issue Card To:

Name:

SSN:

DOB:

Name:

SSN:

DOB:

Mailing Address:

(if different)

Account Information & Instructions:

Account(s) to access with combined ATM/POS/Debit Card:

Primary Account No.

Note: Point of Sales (POS) transactions or POS debit card transactions on the VISA network from your Combined ATM/POS/Debit card will be deducted from the Primary Account listed above. Point of Sales (POS) transactions or POS debit card transactions involving a refund will be credited to your Primary Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transactions. Visa is a registered trademark of Visa International.



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The Combined ATM/POS/Debit Card cards are to be setup/enabled with the following features:

- Automated Teller Machine Access
- Point of Sales Debit Card Access
- Enhanced Point of Sales Debit Card Access with Visa logo
- Special Instructions or Provisions:

Authorization

I (the Account Holder) apply for a Combined Automated Teller Machine/Point of Sale/Debit (ATM/POS/Debit) Card to be used in conjunction with the account(s) listed above. The Combined ATM/POS/Debit Card will be setup (pursuant to my request) with the functions or features indicated above and usage of the Combined ATM/POS/Debit Card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that have been provided to me. I authorize the Financial Institution to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this Combined ATM/POS/Debit Card is not granted. I agree not to use the Combined ATM/POS/Debit Card Service in any illegal activity.

Account Holder:

X _____ *Sign name*
Print name Date:

X _____ *Sign name*
Print name Date:

For Institution Use Only:

By:

Date Taken:

Date Approved:

Card No. Assigned: Customer: No.

Card No. Assigned: Customer: No.

Data Entry Date: By:

