ST ANSGAR STATE BANK DEBIT CARD APPLICATION

BANK EMPLOYEE _____ DATE ____

\$10.70

ANNUAL FEE

					PORT#	
APPLICANT INFORMATION						
		IT LIOANT IN ORMATION				
*PRIMARY CARDHOLDER/				*SSN		
EMBOSSED NAME LINE #1	First	MI Last				
				*DOB		
EMBOSSED NAME LINE #2				(MM/DD/YYYY)		
*MAILING ADDRESS				*CELL PHONE		
WAILING ADDICESS				PARENT		
PHYSICAL ADDRESS				PHONE		
*CITY, STATE, ZIP				SPOUSE CELL		
EMAIL ADDRESS						
1ST TIME CARD ISSUE	<u> </u>	DEBIT CARD #	54930100 -	ı		
CARDVALET – FRAUD PREVENTION		(MUST BE 16 DIGITS)				
EXPLAIN PIN		*BILLABLE DDA ACCOUNT #				
REISSUE DUE TO REASON BELOW						
LOST FRAUD COMPROMISED LIST		*SAVINGS ACCOUNT #				
*OLD CARD # (last 5 numbers only)		NEW & REPLACEMENT	\$10 + SALE	S TAX		
·		CARD FEE	***			
CLOSED PRV CARD [RENEWAL LIST&DATE	ANNUAL FEE CHARGED IN DECEMBER	\$10 + SALE	SIAX		
	- U - L					
		SIGNATURES				
I agree to the terms and fee	es as described above. I ackn	owledge receipt of a copy of this do	ocument			
PRIMARY:						DATE:
AUTHORIZED SIGNER OR PARENT:						DATE:
UNMANNED (ATM) LIMITS \$500						

\$1000

36 MONTHS-3RD WEEK OF EXPIRING MONTH

DAILY PURCHASE LIMITS

REISSUE MONTHS