



Employee Initials _____

DEBIT/ATM CARD APPLICATION

APPLICANT:

FIRST NAME LAST NAME SOCIAL SECURITY NUMBER DATE OF BIRTH

MAILING ADDRESS CITY STATE ZIP TELEPHONE

FIRM OR EMPLOYERS NAME

ADDRESS CITY STATE ZIP BUSINESS PHONE

CO-APPLICANT

FULL NAME SOCIAL SECURITY NUMBER DATE OF BIRTH

PRESENT ADDRESS CITY STATE ZIP TELEPHONE

FIRM OR EMPLOYERS NAME

ADDRESS CITY STATE ZIP BUSINESS PHONE

ACCOUNTS YOU WANT YOUR CARD TO ACCESS—**PLEASE LIST AN ACCT NUMBER:**(Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transactions.)

PRIMARY CHECKING: _____ SAVINGS: _____

ANY ADDITIONAL ACCOUNTS: _____

I (the Account Holder(s)) 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 was provided to me at the time of opening my account. I authorize Farmers State Bank to make any investigation of my credit either directly or through an agency. I understand that Farmers State Bank will retain this application and any other further 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.

SIGNATURE DATE SIGNATURE DATE

FOR OFFICE USE ONLY

MVISION _____	Applicant's card number: _____	Initials: _____
SPARAK _____	Co-Applicant's card number: _____	Date: _____