

# ATM/DEBIT CARD APPLICATION FOR PERSONAL ACCOUNTS



Please print in ink and drop off at a branch or mail to:

First State Bank  
Attention: ATM Department  
24300 Little Mack  
St. Clair Shores, MI 48080

After receiving your application, your PIN and ATM/Debit Card should arrive in separate mailings within five business days.

## CUSTOMER INFORMATION

Last Name	First Name	Initial	
Street Address	City	State	Zip
Date of Birth	Last 4 digits of Social Security Number	Email	
(_____-_____-_____) Home Phone Number	(_____-_____-_____) Work Phone Number	(_____-_____-_____) Mobile Phone Number	

Applicant Signature: \_\_\_\_\_

## ACCOUNT INFORMATION

All Debit Card applicants **MUST** have a First State Bank personal checking account, otherwise you will receive an ATM card.

\_\_\_\_\_  
First State Bank Personal Checking Account Number

\_\_\_\_\_  
Other First State Bank Accounts for ATM/Debit Card access

## JOINT APPLICATION INFORMATION

A second card can be issued to anyone who is a joint owner on the accounts above.

Last Name	First Name	Initial	
Date of Birth	Last 4 digits of Social Security Number		

Joint Applicant's Signature: \_\_\_\_\_

I/we hereby authorize you and your employees and agents to verify any information provided to you by me. I/we understand this application will be kept by you whether or not my card is approved. Your signature on this form will constitute an agreement that use of the card will be governed by our Electronic Funds Transfer Service Agreement.

Whenever possible use your signature to authorize purchases. By signing for your purchases instead of using a PIN, you are protected under the MasterCard® zero dollar balance liability. This means if your card is lost or stolen, you pay nothing for fraudulent transactions.