

THE FARMERS STATE BANK

COMBINED ATM/POS DEBIT CARD REQUEST FORM

Customer Name: _____

Social Security Number: _____ DOB: _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer: _____ MMN: _____

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

	Account Number
Primary checking	_____
Secondary checking (no POS authorized)	_____
Savings	_____
Money Market	_____

(Inform customer of special instructions for Money Market access)

Note: Point of Sale (POS) transactions or Point of Sale (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 Sale (POS) transactions or Point of Sale (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.

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

- Automated Teller Machine Access
- Point of Sale Debit Card Access
- Enhanced Point of Sale Debit Card Access with VISA logo

Special Instructions or Provisions: _____

AUTHORIZATION

I 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 Disclosure and Regulation E Disclosure that have been provided to me. I authorize The Farmers State Bank to make any investigation of my credit, either directly or through any agency. I understand that The Farmers State Bank will retain this application and any other credit information, even if this Combined ATM/POS/Debit Card is not granted. Agree not to use the Combined ATM/POS/Debit Card Service in an illegal activity.

X _____ Date _____
Account Holder Signature

INSTITUTION USE ONLY

Date Taken: _____ Initials: _____

Card Number Assigned: _____

VANTIV ___/___/___ PRECISION ___/___/___ initials ___ verified by ___