



P. O. Box 10  
Gainesville, TX 76241  
940-665-1711  
FirstState.Bank

## First State Bank Debit Card Application

First State Bank accounts that will be associated with your Debit Card. Savings account access is for ATM transaction activity only.

Checking Account:

Savings Account:

## Applicant Information

Customer Name:

Mailing Address:

Cell Phone:

Home Phone:

Business Phone:

Ext.

Employer/ Business:

Email Address:

## Signatures

The information given to obtain a FSB debit card is true and complete. I authorize First State Bank to verify information contained on this application and to obtain further information from a consumer credit report to assist in the review process. When I or someone I authorize uses this account, I agree to the terms and conditions of the agreement that governs the use of First State Bank debit cards. I will receive a copy of the agreement when I receive my card. I understand that if my checking account becomes overdrawn due to a debit card transaction an overdraft fee will be charged.

Applicant Signature:

Date:

Card Design: \_\_\_\_\_

### Bank Use Only

Verified By \_\_\_\_\_

Type of Acct \_\_\_\_\_

POS Limit \_\_\_\_\_

ATM Limit \_\_\_\_\_

Branch \_\_\_\_\_

Entered By \_\_\_\_\_

Date \_\_\_\_\_

Declined By \_\_\_\_\_

Date \_\_\_\_\_