

The City State Bank  
1012 Highway 69  
or 202 Scott Ave  
Fort Scott, KS 66701

Member FDIC

## Visa Check Card Application

By completing the below application, the applicant has been informed that a Visa Check Card is not automatically issued. An individual credit file will be reviewed by the bank before granting a Visa Check Card. The account holder will be notified whether or not a card will be issued.

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

**APPLICANT** Note: All sections should be filled out completely. If not, processing of your application may be delayed.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Please check which of the following you are applying for:

Visa Check Card (Debit): \_\_\_\_\_ ATM Card: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:** This statement is submitted to obtain ATM/DEBIT CARD and I certify that all information herein is total and complete. I agree that inquiries may be made to verify information and that credit reference or verification may be given based on inquiries from other parties. This application is subject to the policies of this institution. I agree to be bound by the terms and conditions of the bank card agreement, a copy of which will be mailed to the applicant if the applicant is granted, receipt of such agreement and acceptance of such terms to be conclusively presumed by the applicant's use. Furthermore, there is a \$20.00 fee for newly issued cards and a reissuing fee of \$20.00 if the card is ever damaged, lost or stolen; unless otherwise notified. For all pin reminders or pin reorders there is a \$20.00 fee.

X \_\_\_\_\_  
Applicant Signature Date