

# DEBIT CARD APPLICATION

THE STATE BANK GROUP



Office Use Only:

Branch: \_\_\_\_\_

Initial: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*Savings can only have ATM Capabilities

Full Name \_\_\_\_\_  
(First, Middle, Last)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_ ZIP \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Email address \_\_\_\_\_

Primary Checking Acct # \_\_\_\_\_ **For purchases and ATM access**

Savings Account # \_\_\_\_\_ **For ATM access only**

## Cardholder Authorization and Agreement

For joint applicants, all accounts accessible by your card must be in the names of both cardholders. I/We certify that the above information which is submitted for the purpose of obtaining an Automated Teller Machine Card or Debit Card is true and complete and I/We authorize State Bank Group to make inquiries where necessary to verify the accuracy of the statements made herein, or to procure other information concerning my/our credit standing. I understand that all previous cards will be deleted.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

### FINANCIAL INSTITUTION USE ONLY

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Card Number \_\_\_\_\_

Agreement Number \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

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

OSI System Updated By: \_\_\_\_\_

ATM System Updated By: \_\_\_\_\_

OSI System Verified By: \_\_\_\_\_

ATM System Verified By: \_\_\_\_\_