



P. O. Box 10
Gainesville, TX 76241
940-665-1711
www.F-S-B.com

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 _____