



VISA CHECK CARD APPLICATION

To apply, please print this application form. Then complete and mail to the bank at this address:

First State Bank, Attn: New Accounts Department, P. O. Box 160, Shallowater, Texas 79363.

Please allow two weeks for you to receive your debit card to be mailed directly to you.

Please complete separate applications for each cardholder requesting a card.

Please list your accounts that will be associated to your Visa Check Card:

Checking Account Number: _____

Savings Account Number: _____

Applicant Information

First Name	Middle	Last	Social Security No.	
Mailing Address	City	State	Zip	Home Phone
Date of Birth	Mother's Maiden Name		Years at Home Address	

This information is given to obtain the Visa Check Card and is true and complete. I authorize you to verify the 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 use the card, I agree to the terms and conditions of the agreement that governs the use of the Visa Check Card. I will receive a copy of the agreement when I receive my card. I understand that the financial institution may assess service charges for the privilege of having the Visa Check Card. I understand if my checking account becomes overdrawn due to the Visa Check Card transaction, an overdraft fee may be charged.

Applicant's Signature	Date
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Choose a Personal Identification Number

Your personal Identification Number (PIN) allows you to use your Visa Check Card at ATMs. Be sure to pick a number that is easy to remember.

Select your PIN using any four numbers _____.