

Peoples State Bank ATM Card _____
Peoples State Bank Visa[®] Debit Card _____

New _____ Name/Address Change _____ Replacement Card _____

Applicant _____ Social Security # _____

Mailing Address _____

City/State/Zip _____

Home Phone _____ Business Phone _____

Email Address _____

Driver's License # _____ State _____

Mother's Maiden Name _____

Have you ever been issued an ATM/Debit Card from this financial institution?

_____ No _____ Yes Card Number _____

If yes, check one: _____ Close this card _____ Keep this card active

* Visa Account Updater (VAU) opt-out

*If you choose not to opt-out, VAU will provide updates to merchants who maintain your card information on file in order to process your preauthorized payments. Examples of these merchants include subscription services or utility companies, etc.

I would like to access the following account(s) with my Peoples State Bank ATM/Debit Card

Checking Account _____ Savings Account _____

Your signature on this form will constitute an agreement that use of the card will be governed by our Electronic Funds Transfer (EFT) Service Agreement.

Applicant's Signature _____ Date _____

Below to be completed by Financial Institution
See back of this form for customer verification checklist

Daily Limit ATM \$ _____

EFT Service Agreement (check one) _____ Gave to card holder _____ Mailed to card holder

Input by _____ Date _____

Customer Number _____ Card # _____

Customer Verification:

Yes No

Does the photo ID and signature match that of the customer?

Does the information they have provided for identification
match our records?

Replacement Card Order:

Has the customer's address been changed in the last 30 days?

If yes, **do not** order a new card until the owner is verified as the person who is ordering the card. Verification can be obtained by contacting the customer with the phone number we have on file or by sending a letter using the address we have on file contacting the customer through third parties, or by asking for their password.

Notes:

Branch _____ Employee _____ Date _____