

Office Use Only:
Branch: _____
Initial: _____
Date: ___/___/___

APPLICATION



THE STATE BANK GROUP

check applicable box above)

DEBIT CARD
 ATM CARD
(Please

Savings could only have ATM

Full Name _____
(First, Middle, Last)

Address _____

City _____

State ___ ZIP _____

Home Phone (____) ____ - ____

Work Phone (____) ____ - ____ Ext _____

Social Security Number ___ - ___ - ____

Birth Date ___/___/____
Month / Day / Yea

Email address _____

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 _____

Second Card Number _____

Agreement Number _____

Second Agreement Number _____

ATM DEBIT

ATM DEBIT

Approved By _____ Date _____

Declined By _____ Date _____

OSI System Updated By: _____

ATM System Updated By: _____

OSI System Verified By: _____

ATM System Verified By: _____

Internet Updated By: _____

Internet Verified By: _____