



## Debit Card Application

(Complete a separate application for each cardholder.)

Cardholder Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ D/O/B \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone# \_\_\_\_\_  Cell  Home  Office (check one)

Secondary Phone# \_\_\_\_\_  Cell  Home  Office (check one)

Additional Phone# \_\_\_\_\_  Cell  Home  Office (check one)

E-Mail Address \_\_\_\_\_

Please link my Debit Card to the following account(s):

Checking Account # (ATM access and Purchases) \_\_\_\_\_

Savings Account # (ATM ACCESS ONLY) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this authorization, I/we agree to be bound by the terms and conditions of the debit card. Receipt of brochure, and acceptance of the terms contained therein, will be conclusively presumed by the use of the card. If the card is to be issued in more than one name, the above shall be jointly and severally liable for any and all debit card transactions. Both parties must sign if a joint account is desired.

**Costs:** There is no monthly charge for having the card. There is never a usage fee for using the card anywhere as a debit card, or for using it at any Bank of St. Elizabeth ATM locations. However, there is a fee per transaction for using the card at any ATM not owned by the bank of St. Elizabeth. An account information Brochure will be delivered with the card for a full description of the fees.

**Fraud Protection:** To mitigate fraud, we have partnered with our debit card provider, to implement a monitoring system. If suspicious activity is detected on your card, you will be contacted by a fraud specialist or an employee of the Bank of St. Elizabeth to verify the transaction(s) in question. **Remember: the bank or any other representative will never call to request personal information, including card number or PIN number. The call will be entirely transaction related and your information will be kept strictly confidential.**

**EFFECTIVE JULY 1, 2010, AS A RESULT OF A NEW REGULATION, WE WILL NOT BE ABLE TO PAY TRANSACTIONS THAT OVERDRAW YOUR ACCOUNT ON DEBIT CARD OR ATM TRANSACTIONS UNLESS THE CUSTOMER SIGNS THE ATTACHED "OPT-IN" FORM.**

We will continue to reserve the right to pay overdrafts resulting from checks or other transactions made using your checking account, including automatic bill payments.

We cannot authorize any overdrafts resulting from ATM or debit card transactions unless you send in the attached authorization.

Having overdraft coverage does not guarantee that we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below.

### Overdraft Fees

- \* We will charge you a fee per item each time we pay an overdraft.
- \* Refer to our Schedule of Fees and Charges for the current rate and daily limits.

If you want us to **CONTINUE** to pay overdrafts on ATM and debit card transactions please complete this form and drop off at one of our branches or mail to: Bank of St. Elizabeth, PO Box 8, St. Elizabeth, MO 65075

\_\_\_\_\_ I want the Bank of St. Elizabeth to authorize and pay overdrafts on my ATM and debit card transactions.

**You have the right to revoke this opt-in at anytime.**

Printed Name: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

Account Number: \_\_\_\_\_

From \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Place  
Stamp  
Here

**Bank of St. Elizabeth**

**P.O. Box 8**

**St. Elizabeth, MO 65075**

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