

ATM/DEBIT CARD

CHANGE REQUEST

NAME _____ TELEPHONE _____

ADDRESS _____ WORK NUMBER _____

CITY _____ STATE _____ ZIP _____

_____ **CHARGE AMOUNT \$10.00**

Customer
Initials

Cash **Charge Account #** _____

REPLACE MY DEBIT CARD

LOST **STOLEN** **DAMAGED** **CAPTURED**

CHECKING ACCOUNT _____

SAVINGS ACCOUNT _____

ADD ACCOUNT TO MY CARD

CHECKING _____

SAVINGS _____

CHANGE OF ACCOUNTS

CHECKING FROM ACCT# _____ TO ACCT # _____

SAVINGS FROM ACCT# _____ TO ACCT. # _____

PIN REQUEST

ORIGINAL CARD NUMBER(S) _____

NEW CARD NUMBER(S) _____

CUSTOMER SIGNATURE _____ **DATE** _____

RECEIVING CSR INITIALS _____

WILLIAMSVILLE STATE BANK & TRUST

(04-16-09)