


WILLIAMSVILLE
STATE BANK AND TRUST
DEBIT CARD APPLICATION

Date: _____
CSR: _____

I would like to apply for a Debit Card.

How many cards?

Account #1:

Account #2:

APPLICANT #1

Name:
Address:
City, State & Zip:

Home Phone #:
Business Phone #:
Social Security #:
Date of Birth:
Employer:

APPLICANT #2

Name:
Address:
City, State & Zip:

Home Phone #:
Business Phone #:
Social Security #:
Date of Birth:
Employer:

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit agency.

Signature X _____ Date: _____

Signature X _____ Date: _____

OFFICIAL USE:

Date Received: _____ Approved: Yes / No Processed by: _____

ATM Card # Assigned _____

Debit Card # Assigned _____