



WILLIAMSVILLE
STATE BANK AND TRUST
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 _____

NOTE: NEVER email us with private personal information. Your completed form may be brought into one of the offices of Williamsville State Bank and Trust.