

  
**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

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Name:  
Address:  
City, State & Zip:

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

APPLICANT #2

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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: \_\_\_\_\_

**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.**

OFFICIAL USE:

Date Received: \_\_\_\_\_      Approved: Yes / No      Processed by: \_\_\_\_\_

Debit Card # Assigned \_\_\_\_\_

Debit Card # Assigned \_\_\_\_\_