

Wallis State Bank
NEW VISA DEBIT CARD
Application Form

Did you previously have a Wallis State Bank VISA Debit Card or ATM Card? _____
Account Number(s) linked to existing card: _____

| | |
|---|--|
| Name _____ | Date of Birth _____ |
| Mailing Address _____ _____ | Social Security Number _____ |
| _____ | Home Phone (____) _____ |
| _____ | Work Phone (____) _____ |
| Primary Account _____ | <input type="checkbox"/> Checking |
| Secondary Account _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Tertiary Account _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| <p><i>NOTICE: Wallis State Bank VISA Debit Cards are each issued with transaction limitations. Daily limit for point of sale: \$1500.00 –Daily limit for cash withdrawal: \$700.00</i></p> <p>By signing below, customer intends to apply for an access device and acknowledges receipt of disclosures related to the Electronic Funds Transfer Act.</p> | |
| Applicant's Signature _____ | Date _____ |

Wallis State Bank Representative

Date Received _____ Verified by _____ Branch # _____
Portfolio Number _____
Officer Approval _____

Processor Use Only

Date ordered _____ By _____
Card Number _____