



# Olpe State Bank

PO Box 207  
Olpe, Kansas 66865  
620-475-3213 • 620-475-3210



## REQUEST FOR DEBIT CARD

Full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Primary phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date (month/year) \_\_\_\_\_

Checking account number \_\_\_\_\_

Savings account number \_\_\_\_\_

### Additional Cardholder Information

Full name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date (month/year) \_\_\_\_\_

### Cardholder Authorization and Agreement

I/We authorize our financial institution to obtain a consumer credit report and to verify statements made in this application. I/We agree to the terms and conditions of the debit card disclosure from our financial institution.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_

|                              |                       |
|------------------------------|-----------------------|
| Subsequent Cards Issued:     |                       |
| Date closed/Hot carded _____ | New card number _____ |
| Date closed/Hot carded _____ | New card number _____ |
| Date closed/Hot carded _____ | New card number _____ |

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Financial Institution use only: |                                     |
| Date received _____             | Approved by _____ Card number _____ |
| Processed main system _____     | Transmitted _____                   |