## United State Bank School Spirit Debit Card Request

Request Date:			
Cardholder Information #1:			
Name (as embossed on card):			
Traine (as embossed on eard).			
Mailing Address:			
Phone #: S	SSN #:	Birth Date:	
Secondary Phone #			
Current Debit Card #:			
Card Limits: Online Daily \$	; POS Daily \$	; Credit Card Daily \$	
Linked Accounts: DDA:	Savings:		
Cardholder Information #2:			
Name (as embossed on card):			
Mailing Address:			
Phone #: S	SSN #:	Birth Date:	
Secondary Phone #			
Current Debit Card #:			
Card Limits: Online Daily \$	; POS Daily \$	; Credit Card Daily \$	
Linked Accounts: DDA:	Savings:		
Selected School Spirit Card (ind	icate the number of o	eards requested below):	
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PIN Request (indicate type of PI	V)•		
Card # 1: PIN Mailer:	·		
Card # 2: PIN Mailer:			
Card ii 2. Thy Maner.	Lasy 1114		
D. Carlos I. I. May I. a. I.	II' 1 C D 1	LICE DAL'S COME	1. 41 1 1 1 (0.1 1
By signing below, I/We hereby request United State Bank replace our USB Debit Card(s) with the indicated School Spirit Card(s) noted above. In addition, I/we agree to donate \$5.00 per card order request, which will be donated to			
-	on, I/we agree to donate	e \$5.00 per card order request, wr	iich will be donated to
our school of choice.			
Method of Payment (circle one): Cash / Check / Deducted from Account #			
Cardholder Signature	Date	Cardholder Signature	Date
For Bank Use Only:			
Request Taken By / Date:	Ordered By / Da	te on Shazam Access:	
Premier Updated By / Date:	PIN Request Ordered By / Date:		
Lewistown	Ewin	g	Edina
573-215-2283	573-209-	_	60-397-2408

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