

United State Bank (USB) ATM / Debit Card Application

Last Name	First Name	MI	Social Security #	Birthdate
Street Address		City	State	Zip Code
()		()		
Home Phone Number		Work Phone Number		
()				
Cell Phone Number				

Select Linked Accounts:				
Initial Here		Link this card to my checking account #		for purchases and ATM use.
Initial Here		Link this card to my savings account #		for ATM use only.

Debit Card Style Selection (Initial next to card style you choose). <i>Important – There is a one-time \$5.00 fee collected per card if a School Spirit style is selected. This fee will be donated to the school of choice.</i>				
	Initial		Initial	
USB Flag Card (free)	_____	Knox County Eagles Card	_____	
Highland Cougars Card	_____	Palmyra Panthers Card	_____	
North Shelby Raiders Card	_____	South Shelby Cardinals Card	_____	
Method of Payment if a School Spirit Card (Circle one): Cash / Check / Deduct from account _____				

Personal Identification Number (PIN) Selection:
EasyPin (Circle One): Yes No

Automatic Billing Updater (ABU) Opt-Out: You may opt-out from USB automatically notifying Mastercard® of changes to your debit card, such as expiration dates. The ABU service, if elected, extends the amount of time your account-on-file information is stored with your selected merchants, such as those you have provided card information to initiate ongoing obligations. ABU prevents you from having to notify merchants when a card expires and provide them with the new expiration date.	
Initial here if you do NOT want USB to enroll you in the ABU service:	

Disclosure & Acknowledgement:	
<p>The above information is submitted for the purpose of requesting a USB ATM or Debit Card and I certify the information provided is true and correct. I authorize United State Bank, with whom the deposit accounts designated above are on deposit, to make whatever permissible inquiries, credit or otherwise, that USB feels are necessary to evaluate my card request. I agree that this application shall remain the property of USB whether or not the card request is approved. If this request is approved and the card is issued, I acknowledge and agree that I will abide by any terms and conditions provided with the card, including renewals. I agree to be liable for all transactions authorized by myself or any person I authorize to use my card and/or PIN. I understand if my card is damaged, lost or stolen, I may be required to pay a replacement fee in accordance with USB's current fee schedule.</p> <p>I authorize United State Bank to issue an ATM or Debit Card, as indicated above, to access my account(s) and/or make such service charges, as indicated above.</p>	
Applicant Signature	Date

Bank Use Only:
Request Taken By:
Check here _____ if this request is to hot card existing card # _____ and to request a new card to be issued.