United State Bank
Easy PIN / PIN Mailer Request

Request Date: _____

Cardholder Information #1:
Name (as embossed on card):_____ Debit or ATM Card #: _____

PIN Request (Check one): Easy PIN _____ PIN Mailer _____

Verify the following on Premier and indicated changes below:
Mailing Address:
No Change: _____
Change To: _____
Phone Number:
No Change: _____
Change To: _____

Cardholder Information #2:
Name (as embossed on card):_____ Debit or ATM Card #: _____

PIN Request (Check one): Easy PIN _____ PIN Mailer _____

Verify the following on Premier and indicated changes below:
Mailing Address:
No Change: _____
Change To: _____
Phone Number:
No Change: _____
Change To: _____

By signing below, I/We hereby request United State Bank to process an Easy PIN or PIN Mailer request in connection with the card numbers noted above. In addition, I/we understand the fee to process the request is $5.00 per PIN issued.

Method of Payment (circle one): Cash / Check / Deducted from Account # _____

_____ _____
Cardholder Signature Date Cardholder Signature Date

For Bank Use Only:
Request Taken By / Date: _____ PIN Request Ordered By / Date: _____

Fee Collected: $_____ Method of Fee Payment: _____

Lewistown	Ewing	Edina
573-215-2283	573-209-3223	660-397-2408

Member FDIC

Revised June 16, 2014