



Debit Card Application

Account Holder #1 _____ Soc. Sec. # _____ D/O/B _____

Account Holder#2 _____ Soc. Sec. # _____ D/O/B _____

Address _____ City _____ State _____ Zip _____

Primary Phone# _____ Cell Home Office (check one)

Secondary Phone# _____ Cell Home Office (check one)

Additional Phone# _____ Cell Home Office (check one)

E-Mail Address _____

Please link my Debit Card to the following accounts
Checking Account # (for ATM Access and Purchases) _____

Savings Account # (for ATM access ONLY) _____ Number of cards desired _____

Account Holder #1 Signature _____ Date _____

Account Holder #2 Signature _____ Date _____

By signing this authorization, I/we agree to be bound by the terms and conditions of the debit card. Receipt of brochure, and acceptance of the terms contained therein, will be conclusively presumed by the use of the card. If the card is to be issued in more than one name, the above shall be jointly and severally liable for any and all debit card transactions. Both parties must sign if a joint account is desired.

Costs: There is no monthly charge for having the card. There is never a usage fee for using the card anywhere as a debit card, or for using it at any Bank of St. Elizabeth ATM locations. However, there is a fee per transaction for using the card at any ATM not owned by the bank of St. Elizabeth. An account information Brochure will be delivered with the card for a full description of the fees.

Fraud Protection: To mitigate fraud, we have partnered with SHAZAM, our debit card provider, to implement a monitoring system. If suspicious activity is detected on your card, you will be contacted by a SHAZAM fraud specialist or an employee of the Bank of St. Elizabeth to verify the transaction(s) in question. **Remember: the bank or any other representative will never call to request personal information, including card number or PIN number. The call will be entirely transaction related and your information will be kept strictly confidential.**

AS A RESULT OF A NEW REGULATION, WE WILL NOT BE ABLE TO PAY TRANSACTIONS THAT OVERDRAW YOUR ACCOUNT ON DEBIT CARD OR ATM TRANSACTIONS UNLESS YOU SIGN THE ATTACHED "OPT-IN" FORM.

We **do** authorize and pay overdrafts resulting from checks or other transactions made using your checking account number, including automatic bill payments.

We **do not** authorize and pay overdrafts resulting from ATM or everyday debit card transactions **unless** you send in the attached authorization. Overdraft coverage does not guarantee we will pay your overdrafts. If we decide to pay an overdraft, you will be charged fees as described below.

Overdraft Fees

*We will charge you a fee of up to **\$20.00** per item each time we pay an overdraft.

*There is a limit of 5 items per account per day on the total fees we can charge you for overdrawing your account.

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions please complete this section of the form.

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_____ I **do** want the Bank of St. Elizabeth to authorize and pay overdrafts on my ATM and debit card transactions.
You have the right to revoke the opt-in at anytime.

Printed Name: _____

Date: _____

Signature: _____

Account Number: _____

BANK OF ST. ELIZABETH

P. O. Box 8

St. Elizabeth, MO 65075

PLACE
STAMP
HERE

FROM