

Debit Card

Please **print and mail this application to:**

State Bank & Trust Company, 3399 Peachtree Road, Ste 1150, Atlanta, GA 30326, Attn: Debit Card Department

A signature is required for all Debit Card orders. We will assign a temporary Personal Identification Number (PIN) to your card. You should change your PIN when you receive your card, according to the instructions we will send with your card. Please allow 5 to 7 days for delivery of your card.

Customer for Card One

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

I request that State Bank & Trust Company issue me a State Bank & Trust Company Debit Card to access the accounts listed below.

I have read the agreement and disclosure provided to me concerning the use of my debit card and understand that by signing my name below I am agreeing to its terms. I also understand that State Bank & Trust Company will verify the information provided.

Signature

Date

I would like for my Bankcard to access the accounts indicated below:

Primary Account

Checking Account #: _____

Savings Account #: _____

Customer for Card Two

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Business Phone: _____

I request that State Bank & Trust Company issue me a State Bank & Trust Company Debit Card to access the accounts listed below.

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Primary Account

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