

COMBINED ATM/POS/DEBIT CARD REQUEST FORM

Account
Holder:

Financial
Institution:

Citizens Federal Savings Bank
Home Office
5151 S 4th Street
Leavenworth, KS 66048

ISSUE CARDS TO

Email:

SSN:

DOB:

Cust. No.:

Address:

City/State/Zip:

Home Phone: _____

Account CIF#:

Work Phone: _____

ACCOUNT INFORMATION AND INSTRUCTIONS

Account(s) to Access with Combined ATM/POS/Debit Card:

Primary Account:

Note: Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions on the MasterCard network from your Combined ATM/POS/Debit Card will be deducted from the Primary Account listed above. Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions involving a refund will be credited to your Primary Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transactions. Mastercard is a registered trademark of Mastercard International Incorporated.

The Combined ATM/POS/Debit Card Cards are to be setup/enabled with the following features:

☒ Automated Teller Machine Access

☒ Point of Sale Debit Card Access

☒ Enhanced Point of Sale Debit Card Access with Mastercard logo

Special Instructions or Provisions: _____

AUTHORIZATION

I (the Account Holder(s)) apply for a Combined Automated Teller Machine / Point Of Sale / Debit (ATM/POS/Debit) Card to be used in conjunction with the account(s) listed above. The Combined ATM/POS/Debit Card will be setup (pursuant to my request) with the functions or features indicated above and usage of the Combined ATM/POS/Debit Card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Electronic Funds Transfer Agreement and Disclosure that have been provided to me. I authorize the Financial Institution to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this Combined ATM/POS/Debit Card is not granted. I agree not to use the Combined ATM/POS/Debit Card Service in any illegal activity.

ACCOUNT HOLDER:

X _____
Date

FOR INSTITUTION USE ONLY

Date Taken: _____

Date Approved: _____

Card Number Assigned to: _____

Data Entry Date: _____

By: _____

By: _____

By: _____