



3711 N Ridge Rd
Wichita, KS 67205

CONSUMER ATM/DEBIT CARD ENROLLMENT

Owners requesting ATM/Debit Card (please print)

Name: _____	Name: _____
Address: _____	Address: <input type="checkbox"/> same _____
City/State/Zip: _____	City/State/Zip: _____
Phone: _____	Phone: _____
SSN: _____	SSN: _____
DOB: _____	DOB: _____
Mother's Maiden Name: _____	Mother's Maiden Name: _____
Email Address: _____	Email Address: _____
Account Number(s): _____	

<input type="checkbox"/> Debit Card Application (New)	<input type="checkbox"/> ATM Application	<input type="checkbox"/> HSA Debit Card (New)
<input type="checkbox"/> Adding Accounts: <input type="checkbox"/> Delete Accounts: _____		
<input type="checkbox"/> Replacement Card (circle one)	<input type="checkbox"/> ATM	<input type="checkbox"/> Debit <input type="checkbox"/> HSA Debit
Reason for Replacement	<input type="checkbox"/> Card Lost	<input type="checkbox"/> Card Stolen <input type="checkbox"/> Magnetic Strip <input type="checkbox"/> Name Change
	<input type="checkbox"/> Other	_____
Card Number:	_____	

Definitions: The terms "you" and "your" refer to the Applicant, whether or not there are one or more accountholders named on an account, and the terms "we" and "us" refer to the Financial Institution.

Acknowledgment: You have requested the card service(s) noted above. You also acknowledge receipt of the Electronic Funds Transfer Disclosure and agree to be bound by its terms. You further authorize us to obtain your credit information, such as your credit report, at our option.

_____ Owner	_____ Date	_____ Owner	_____ Date
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_____ CSR (Adult signature required for Minor Child)	_____ Date	_____ Officer or Manager	_____ Date
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Office Use Only	Date Ordered:
New Card #1	New Card #2