

## Success Bank Debit Card Application Instructions

Please read the following instructions before completing the form on the next page:

1. You AUTOMATICALLY QUALIFY for a Debit Card if you meet each of the following qualifications:
  - You must be an owner of a checking account at the Success Bank.
  - You must be 18 years old or older. If not, the account must have a parent as a joint owner, and co-sign for the Debit Card.
  
2. Please complete the Debit Card Application on the next page. You may complete the application on your computer and then print the completed form; or you may print the blank form and write in your information on the paper. **Please sign and date the application – we can NOT process your application unless it is signed and dated.**

3. You may deliver the signed, completed application in person to either of our Bloomfield, Moulton, or Milton offices; or you may mail the application to the following address:

Success Bank  
PO Box 35  
Bloomfield, IA 52537

4. Once your Debit Card application has been received, we will process it within five business days. You will receive either:
  - An approval letter that will explain how to pick your PIN number for your new Debit Card.
  
  - or -
  
  - A Notification of Adverse Action, which will explain why we cannot approve your Debit Card application at this time.

# VISA Debit Card Application

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Name \_\_\_\_\_ Alternate \_\_\_\_\_

Address \_\_\_\_\_ Mailing \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell/Home Phone \_\_\_\_\_ / \_\_\_\_\_

SSN \_\_\_\_\_ MMN \_\_\_\_\_

DOB \_\_\_\_\_

DISCLOSURE AGREEMENT I/We authorized the set-up of the above account(s) for the use of the ATM card above. I/We agree to the terms and conditions governing instant access banking services as described in the Success Bank brochure under "Electronic Fund Transfers". I/We agree that Success Bank is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. Success Bank is authorized to answer questions about my/our credit experience with Success Bank.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

(If applicant is under age 18)

Co-signer Signature \_\_\_\_\_ Date \_\_\_\_\_

## For Bank Use

PCS

Checked

Card # 477563 \_\_\_\_\_

Employee \_\_\_\_\_ Date \_\_\_\_\_