

Prairie Bank of Kansas
Debit Card Application
 PLEASE PRINT INFORMATION BELOW

Last Name (Cardholder)	First Name	MI	Soc. Sec. No.	Birth Date
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Last Name (Joint Cardholder)	First Name	MI	Soc. Sec. No.	Birth Date
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Street Address	PO Box (if applicable)
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City	State	Zip Code
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Home Phone Number	Cell Phone Number
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This card should be linked to my checking account number for debit card purchases and ATM use:

Checking Account Number: _____

Please read the following carefully before signing:

AGREEMENT OF DISCLOSURE

I (We) agree that the bank may rely on the accuracy of the above information. If my (our) Prairie Bank of Kansas debit card is damaged, lost, or stolen, I (we) will be required to pay a replacement fee of \$15.00 per card. There may be a charge for any transaction done at an ATM not owned by Prairie Bank of Kansas.

 Cardholder Signature Date

 Joint Cardholder Signature Date

For Financial Use Only:
 Number of Cards: _____
 Overall Debit: _____
 Withdrawal (ATM): _____
 Officer Approval: _____
 Order Date: _____