Union State Bank

Card Maintenance Form

(For new cards and maintenance on existing)

Date: _____

Customer Name: _____

Mailing Address: _____

Number & Street

_____

City, State, Zip Code

Telephone (Daytime): _____

(Evening): _____

Mother's Maiden Last Name: _____

Account Number (s): _____

Type of Card: ☐ Debit ☑ ATM

Action Reuqested: ☐ New Card ☐ Delete Card ☐ New Pin

☐ Change or Add Account Linked

☐ Force Activate

☐ Change Limit from _____ to _____

Card Number: _____

New Offset Number: _____

Applicant Signature: _____

Employee Signature: _____

Officer's Approval (If Required for Exception): _____

Maintenance Performed by: _____ (initials)

Checked by: _____ (initials)

Since 1928

UNION STATE BANK

MEMBER FDIC

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Florence ★ Killeen ★ Georgetown ★ Liberty Hill ★ Round Rock ★ Harker Heights