



First Bethany Bank & Trust

www.firstbethany.com
405-789-1110

**MasterCard Debit/ATM Card
APPLICATION
CONSUMER ONLY**

PIN #: _____ (4-digits)

REASON FOR NEW CARD:

____ No Card / New Account ____ Lost / Stolen ____ Fraud/Compromised ____ Not Working
NOTE: A fee may be charged to your account for a replacement card

PLEASE SEND ME:

____ FBBT Debit Card ____ SNU Debit Card ____ FBBT ATM Only Card

Cardholder's Information:

Account Holder's Name: _____

Primary Account #: _____ Secondary Account #: _____

Mailing Address: _____

NOTE: Must match with the current address on bank's system

City: _____ State: ____ Zip: _____

Home #: _____-_____-____ Work #: _____-_____-____ Cell #: _____-_____-____

Date of Birth: ____ - ____ - ____ Social Security #: ____ - ____ - ____

Mother's Maiden Name: _____

Text Alert:

Each time your card is used, you are notified of the transaction via text message, at no cost by First Bethany Bank.

Note: There may be a charge from your cell phone provider, depending on your plan.

____ Please sign me up for Text Alert. Mobile Carrier: _____ (Optional)

The Account Holder has requested the Check (Debit) Card as indicated on this application. First Bethany Bank & Trust (FBBT) is authorized to obtain credit information, such as a credit report, of the Account Holder. By signing below, if approved, the Account Holder agrees to the terms of the Electronic Funds Transfer Agreement and other Depository Agreements and Disclosures applicable to the account, which are provided to you at the time of your account opening. Signing this application indicates your acceptance of the terms of the Agreement and that you received a copy of the Agreement at the time of this application.

Cardholder's Signature

Date

Request taken by (FBBT Employee)

Date

Internal Department Use Only:

Compromised Card: _____

New/Reorder Card #: _____

Ordered by: _____

Ordered Date: _____