



SHELBY COUNTY STATE BANK

Instant Issue Debit Card

Name: _____

Address: _____
CITY, STATE, ZIP

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security #: _____

Checking account #: _____ Savings account #: _____

Requested daily limits: Cash: \$ _____ Purchases: \$ _____

For your protection, daily limits are normally set at \$300 for cash withdrawals and \$1,000 for purchases and you may call us for temporary increases. If you require different limits at all times, please request them here.

**Debit Cards are used to transfer funds directly from your bank account to any merchant who will accept them as a means of payment and can also be used to withdraw cash from an ATM.*

I would like to receive Enfact Fraud Alerts via TEXT. Cell Phone # _____

I would like to receive Enfact Fraud Alerts via EMAIL. Email: _____

Received Card EFT Disclosure Mailed Card**

By signing, I acknowledge that I have received an instant issue debit card, given instructions on how to set my PIN, and received a Regulation E Disclosure. **Does not apply to mailed cards.

Signature: _____ Date: _____

For SCSB Use

Declined Approved By: _____ Date: _____

POS Limit \$ _____ ATM Limit \$ _____ Exp Date: _____

Card # _____ Card@Once: _____ Precision: _____ CC: _____

Card # _____ Exp Date: _____ Reissue Reason: _____

Card@Once: _____ Precision: _____ CC: _____