

DEBIT CARD APPLICATION

First Name:	Last Name:			
Submitted on:				
In order to apply for a debit card for If your card has been lost or stolen, (800)342-0679.	, or if you have any questions	about completing the applica	tion, please call our service center at	
	G	ENERAL		
Card Type	New Card Replacement Card (please include card number below)			
16-digit card number for replaceme	nt			
	AP	PLICANT		
	Applicant Information			
Full Name				
Name of Business				
Social Security Number				
Email Address				
	Address Line 1			
	Address Line 2			
	City	State	ZIP Code	
Home Phone	C	Cell Phone	Work Phone	
	LINKE	D ACCOUNTS		
Checking Ac	count Number	Sa	Savings Account Number	
ALITHORIZATION				

By my signature below, I am requesting a TrustTexas Bank, SSB Debit Card. I understand that my Debit Card will allow access to my bank accounts listed above. I understand to memorize my Personal Identification Number (PIN) and not to write the PIN where it can be

bank accounts listed above. I understand to memorize my Personal Identification Number (PIN) and not to write the PIN where it can be stolen or lost with my Debit Card. I have received a copy of the liability disclosures concerning the use of my Debit Card. The Bank may obtain a current credit report upon receipt of this application. I agree to abide by the regulation terms and conditions established by TrustTexas Bank, SSB as related to the use of the Debit Card.

By clicking below, you are agreeming to our Terms and Conditions.

Yes, I agree to the Terms and Conditions.				
Signature	Date			