

# STIFEL | STIFEL BANK

## DEBIT CARD APPLICATION

### Primary Account Holder

Last Name \_\_\_\_\_

First name \_\_\_\_\_

SSN # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_

### Additional Card Request (If Joint Account)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

SSN # \_\_\_\_\_

Please list the checking/savings account number(s) that ATM transactions will be deducted from. Please note that ALL debit card transactions will be automatically deducted from the first checking account listed below.

1. \_\_\_\_\_  
Checking Account #

2. \_\_\_\_\_  
Account #

The applicant and co-applicant give this information to obtain a STIFEL BANK Debit Card. I/we hereby certify that the information is true and complete. Verification may be obtained from any source named herein or any credit reporting agency. I/we agree to use the STIFEL BANK Debit Card (if issued) according to the rules you provide. This application must be signed by all account holders. I understand that the purchases of goods or services will be limited to \$500.00 per day.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Requirements to qualify for a Debit Card.

- Must be a STIFEL BANK customer for at least six months.
- Must maintain an average balance of \$500.00 in the account to which the Debit Card is attached.
- May not have been overdrawn more than two times in the past six months.