

PERSONAL DEBIT CARD REQUEST FORM

FREE CARD • NO APPLICATION FEES • NO USAGE FEES • WORKS WITH YOUR CURRENT ACCOUNT



YES!

I'd like to request a free debit card for easy access to my money.

Just complete this form and give it to any associate to get started!

NAME/BUSINESS NAME

STREET ADDRESS, CITY/STATE/ZIP

DAYTIME TELEPHONE

SSN (REQUIRED)

PRIMARY CHECKING ACCOUNT NUMBER

NOTE: THE PRIMARY ACCOUNT MUST BE A CHECKING ACCOUNT.

SECONDARY ACCOUNT NUMBER AND TYPE (OPTIONAL)

X

SIGNATURE

The undersigned hereby attests and agrees to the terms and conditions as outlined in our account agreement and disclosures.



OFFICIAL USE ONLY

CAGE STAMP (REQUIRED)

FOR DATA ENTRY USE

Bank Name: FMB
 Customer ID Provided Verified
Prepared By: _____

Banking Centers: Inter-Office to Account Services (Daleville-DC)