



First CheckCard Enrollment Form

Last Name First Name MI Social Security Number DOB

Street Address City State ZIP

Primary Phone Cell Phone Are you minor? YES NO

PRIMARY CHECKING ACCOUNT

Initial Here ____/ Link my card to my FSCB checking account # _____ for all purchases. I understand that this account will be identified as PRIMARY CHECKING at the ATM and I understand that the account listed above will be my default account for ATM transactions and point-of-sale purchases. Unless I manually select a different deposit account at the ATM, all cash withdrawals will be made from the above account.

DESCRIPTION ON CARD, IF ANY _____ (ex. Household Account)

ADDITIONAL CHECKING ACCOUNTS

Initial Here ____/ Also link the following CHECKING accounts to my debit card (include a nick-name for this account. This is what will appear on the FSCB ATM screen. Use up to 18 characters.)

_____ CHECKING (Please label this account as _____)

SAVINGS ACCOUNTS

Initial Here ____/ Also link the following SAVINGS accounts to my debit card (include a nick-name for this account. This is what will appear on the FSCB ATM screen. Use up to 18 characters.)

_____ SAVINGS (Please label this account as _____)

AUTHORIZATION: The above information is submitted for the purpose of obtaining a First State Community Bank (FSCB) First CheckCard (Card) and is certified to be true and correct. I authorize FSCB to make whatever inquiries, credit or otherwise, that FSCB feels would be necessary to evaluate my application. I agree that this application shall remain property of FSCB whether or not the Card is issued. If this application is accepted and the card is issued, I acknowledge and agree that I will be deemed to be in agreement with all the terms and conditions contained in this application and the FSCB Card Holder Agreement/Disclosure Statement to be sent to me with the Card and any future amendments of said agreement. I agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my Card. I understand that if my Card is damaged, lost or stolen, or I need to replace my PIN, I may be required to pay a replacement fee (see the FSCB Fee Schedule for current fees). I authorize FSCB to issue a Card to access my account(s) and/or to make such Card service charge as indicated.

SIGNATURE

PARENT OR LEGAL GUARDIAN SIGNATURE (Minor)

DATE

DATE

Each Card Holder will receive an individual card with an individual debit card number, so this form should be completed by and for one person. Joint account holders will complete separate enrollment forms.