

Lone Star Bank
Electronic Access Device Application

_____ I am applying for an ATM/Visa Debit Card

_____ I am applying for an ATM Card

Name

Drivers License #

SS#

Address

City

State

Zip

Phone:

Home

Business

ATM/Visa Debit Card

Primary checking account number: _____

Secondary checking account to access with my card: _____

ATM Card

Primary checking account number: _____

Other bank account(s) I wish to access with my card: _____

AGREEMENT:

I must be a signer on each account listed above. Depositor (whether one or more) hereby applies to bank for an electronic device ("Access Device"), and additional Access Devices for the authorized person(s) indicated above, to access the account(s) listed above and to perform such other banking functions with the Access Device as are described in the Electronic Fund Transfers Agreement and Deposit Account Disclosure.

Depositor, and any authorized person(s) indicated above, have received a copy of the Electronic Fund Transfers Agreement and Deposit Account Disclosure (as applicable), and governing Truth in Savings Disclosures/Schedule of Fees and Services (as applicable) and agrees to be bound by the terms and conditions contained therein, as they may be amended from time to time by Bank, and to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the Access Device(s). Depositor and any authorized person(s) indicated above, agrees to immediately notify Lone Star Bank should the Access Device become lost or stolen. Depositor, and any authorized person(s) indicated above, agrees not to release the Access Device or corresponding personal identification number to any person not specifically named herein.