

**State National Bank
Debit Card Application**

Date: _____

CARDHOLDER INFORMATION

CASH W/D LIMIT \$320.00 PER DAY POS LIMIT \$500 PER DAY
(POINT OF SALE)

Checking Account Number _____

First Name _____

Last Name _____

Street Address _____

City, State _____

Zip-Plus 4 _____

Driver's License _____

Social Security # _____

DOB (MM/DD/YY) _____

Home Phone # _____ Cell # _____

Employer _____

Employer Phone # _____

EMBOSSSED CARDHOLDER Name _____

Are you a U.S. citizen? YES _____ NO _____

I agree that the use of any Debit Card ("CARD") issued in response to this application will constitute my agreement to be bound by the terms and conditions delivered with the Card. I certify the above information is complete and true, and is provided for the sole purpose of obtaining the Card. I authorize STATE NATIONAL BANK in West to make whatever credit and/or investigative inquiries deemed necessary in connection with this application. I understand that this Card is not a CREDIT CARD, and that no commitment to extend my credit to me will be made by your issuance of the Debit Card requested.

_____ I acknowledge and agree to the terms and conditions as outlined above.

***CALL STATE NATIONAL BANK in WEST to have your card activated or you can use any ATM using your pin number.**

WHAT YOU NEED TO KNOW ABOUT OVERDRAFTS & OVERDRAFT FEES

An overdraft occurs when you do not have enough money in your account to cover a transaction, but we may pay it anyway.

We have an overdraft plan, which is discretionary based on customer relationship.

We do authorize and pay overdrafts for checks and automatic bill payments using your checking account number.

1. We pay overdrafts at our discretion, which means we do not guarantee that we will always authorize and pay any type of transaction for checks and automatic bill payments.
2. **We do not authorize and pay overdrafts for the following types of transactions unless you ask us to.**

****ATM transactions** or **Everyday debit card transactions****

If we do not authorize and pay an overdraft, your transaction will be declined.

Non-Sufficient Fund fee (NSF) paid item (each).....\$30.00

Non-Sufficient Fund fee (NSF) returned item (each).....\$30.00

***Overdraft or Non-Sufficient Fund (NSF) fees apply to overdrafts or NSF'S created by check, in person withdrawal, ATM withdrawal, or other electronic means.

There is a limit to the total of fees that we can charge you for overdrawing your account daily.

If you want us to authorize and pay overdrafts on ATM and everyday debit card transactions, call 254-826-3741, and complete the form below by mailing it to P O BOX 98, West, Texas 76691 or by presenting the consent form at 100 N Main, West, Texas 76691; you can also submit this form by E-mail to **snbinwest@att.net** or Fax it to us at **254-826-5394**.

_____ I want State National Bank in West to authorize and pay overdrafts on my ATM and everyday Debit card transactions to the account identified below.

Signature_____

Printed name_____

E-Mail address_____

Date_____ Account Number_____