

BANK CARD APPLICATION

We are committed to keeping you connected to your accounts and empowering you to bank when and where you want. To obtain a debit card or ATM card for your account, please complete this bank card application.

I am applying for a (select one):

- Fidelity Bank ATM Card.**
- Fidelity Bank VISA® Debit Card.**

Select your preferred debit card design:







- Fidelity Bank Health Savings Account Card.**

Please mail your completed application to:

Fidelity Bank
ATTN: Electronic Banking
100 E. English
Wichita, KS 67202

Or, drop it by one of our locations. Find the nearest office at fidelitybank.com/locations.

Please complete all information. All applicants must be owners on account(s) for the card to be issued.

About You				
Checking Account #		Savings Account #		
Name				
Home Address-Number and Street		Apt. No.	City	State Zip Code
Home Phone and Area Code		Social Security Number		Date of Birth (Month/Day/Year)
About Your Co-Applicant				
Name			Social Security Number	
Address			Ste. #	
City	State	Zip Code	Phone and Area Code	
Special Instructions				
For office use only				
Name			Branch	

I (We) agree to subject to the terms of the Agreement and the Electronic Fund Transfer Disclosure, provided at the time of account opening. I (We) certify that the above statements are true and correct and authorize you to verify the information and obtain additional information concerning my (our) credit standing. I (We) understand that my (our) checking account may be debited for an annual fee.

NOTE - ALL CARDS WILL BE MAILED TO THE ACCOUNT ADDRESS

X _____
Signature of Applicant Date

X _____
Signature of Primary Account Signer Date

