



**MERCHANTS AND PLANTERS BANK**  
**(VISA) DEBIT CARD APPLICATION**

<input type="checkbox"/> New Card Number	<input type="checkbox"/> Delete old card #(s) _____ Delete/ Block/ HC
<input type="checkbox"/> Re-issued Card / same card number Reason: <input type="checkbox"/> Broken/worn <input type="checkbox"/> New image <input type="checkbox"/> Other	_____ Delete/ Block/ HC  Replacement Fee? Y or N

Primary Checking Account #: \_\_\_\_\_  
 Savings Account # (for ATM use only) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
 (Print name exactly as it should appear on the card)

Business Name: \_\_\_\_\_  
 (Only include a Business Name if you want it printed on the card)

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Does address match Bank Statement address? Y N If not, why \_\_\_\_\_

Has address been changed in the last 30 days? Y N

Address verified by: _____ Bank personnel signature
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Primary Phone: \_\_\_\_\_ Alternate Phone (work, cell): \_\_\_\_\_

Fraud Contact Phone #: \_\_\_\_\_ (If suspicious activity occurs on your card, this is the primary number we will use to contact you.)

Employer: \_\_\_\_\_ How Long? \_\_\_\_\_

Driver's Lic. No. \_\_\_\_\_ SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ E-Mail \_\_\_\_\_

I/We agree to Merchants and Planters Bank's Debit Card Holder Agreement and request that Merchants and Planters Bank Check Card(s) be issued on my/our account.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-signer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Applications for customers under 18 years of age must include a parent/guardian signature)

<small>(Bank Use Only)</small>	
<b>Card Number:</b> _____	<b>PIN Offset:</b> _____
<b>Expiration Date:</b> _____	<b>PIN Selection Type:</b>
<b>Card Sent to printer at</b> _____	<input type="checkbox"/> PIN Pad
<input type="checkbox"/> Instantly issued to customer	<input type="checkbox"/> Easy PIN
<input type="checkbox"/> Hold for customer pickup	Does the Easy PIN need to be mailed? Y or N
<input type="checkbox"/> Mail to customer	
<b>Image:</b> _____	<input type="checkbox"/> Card loaded in Shazam
<b>Issued By:</b> _____	<input type="checkbox"/> Card Activated
<b>Branch:</b> _____	<b>Core Director Fields:</b> <input type="checkbox"/> 57 <input type="checkbox"/> 805-808

Send to:  
 Merchants and Planters Bank Attn: Debit Card Department P.O. Box 650, Newport, AR 72112  
 Phone: (870) 523-3601 ext. 1168 Fax: (870) 217-4026