

# STAR ATM/Debit Card Order Form

Consumer POS Debit Card

Elite POS Debit Card

Business POS Debit Card

ATM Card (cash only)

NEW CARD

Last 8 digits of card # \_\_\_\_\_

REORDER (same card #)

Lost or stolen

Pull

Charge fee - \$5

Does not work

Waive \_\_\_\_\_

Other: \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Acct \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Daytime telephone number(s) \_\_\_\_\_ L \_\_\_\_\_ L

*\*You may occasionally be contacted by the fraud department at the telephone numbers provided regarding purchases made using your INB debit card. If you do not wish to be contacted, your debit card may still be placed in a Warm status which will decline any further purchases until you contact a INB representative.*

I may be contacted by phone.

I do **not** wish to be contacted by phone.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required)

Received by \_\_\_\_\_ Date \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_

Date of last address change \_\_\_\_\_

Verify name and address matches Horizon. If last address change is within 30 days of the request, the card may not be ordered unless one of the following is performed:

- Customer signed form in person verifying that the address above is correct.
- Contacted customer by phone and verified address verbally.