



# Merchants and Planters Bank VISA® Debit Card Application

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 \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Does address match Bank Statement address? Y N If no, why not? \_\_\_\_\_
- Has address been changed in the last 30 days? Y N

Address Verified By: \_\_\_\_\_  
(Bank Personnel Signature)

Fraud Contact #/Primary Phone # \_\_\_\_\_ This is the number we will use to send alerts of suspicious activity.

Alternate Phone # (work, cell) \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CO-SIGNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Applications for customers under 18 years of age must include a parent/guardian signature.)

**Bank Use Only**

New Card Number       Delete Old Card Number(s)

Reissued Card with Same #

Reason for Reissuance \_\_\_\_\_ Delete/Block/Hot Card

Broken/Worn      \_\_\_\_\_ Delete/Block/Hot Card

New Image

Other      Replacement Fee? Y N

Card Number \_\_\_\_\_ PIN Offset \_\_\_\_\_

Expiration Date \_\_\_\_\_ PIN Selection Type

Card Sent to Printer at \_\_\_\_\_  PIN Pad       Easy PIN

Instantly Issued to Customer      Does the Easy PIN need to be mailed? Y N

Hold for Customer Pickup

Mail to Customer       Card Loaded in Shazam

Card Activated

Issued By \_\_\_\_\_ Core Director Field  57

Branch \_\_\_\_\_

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

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