

**PERSONAL
DEBIT CARD
APPLICATION**



**FRONTIER
BANK**

WORKING FOR YOU.

Member
FDIC

FRONTIER BANK BRANCH LOCATIONS

Sylacauga	Childersburg	Vincent	Payton	Pelham
43 N. Broadway Ave	120 8 th Ave S.W.	42828 Hwy 25	135 James Payton Blvd	2723 Pelham Parkway
Sylacauga, AL 35150	Childersburg, AL 35044	Vincent, AL 35178	Sylacauga, AL 35150	Pelham, AL 35124

Chelsea	Lanett	Valley	Auburn	LaGrange
16863 Hwy 280	1011 North Lanier Ave	3216 20 th Ave	1678 South College St	401 Vernon St
Chelsea, AL 35043	Lanett, AL 36863	Valley, AL 36854	Auburn, AL 36830	LaGrange, GA 30241

FRONTIER BANK ATM LOCATIONS

34 N Norton St	1080 First St. SW	1011 North Lanier Ave	42828 Hwy 25	1678 South College St
Sylacauga, AL 35150	Childersburg, AL 35044	Lanett, AL 36863	Vincent, AL 35178	Auburn, AL 36830

135 James Payton Blvd	16863 Hwy 280	2723 Pelham Parkway	401 Vernon St.	3216 20 th Ave
Sylacauga, AL 35150	Chelsea, AL 35043	Pelham, AL 35124	LaGrange, GA 30241	Valley, AL 36854

Piggly Wiggly Shopping Center
1224 Talladega Hwy
Sylacauga, AL 35150



Telephone 1-866-216-0948
Website: www.frontierbank.net

Application and Agreement for FRONTIER BANK Personal Debit Card

() New Card () Replacement Card

Applicant Name: _____ **Account # to be accessed with Debit Card:** _____
Street Address: _____ **City, State, Zip:** _____
Home Phone Number: _____ **Cell Phone Number:** _____
Social Security Number: _____ - _____ - _____ **Date of Birth:** ____ / ____ / ____
Employer Name: _____

Provide one of the following for identification purposes:

*Drivers License #: _____ State: _____ Issue Date _____ Expiration Date: _____
 *State ID Card #: _____ State: _____ * Military ID Card #: _____
 *Passport # _____ * US Alien Registration Card #: _____

Signature: By signing below, the undersigned requests the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agrees that he or she has received a copy of the attached notice entitled "Electronic Funds Transfers – Your Rights and Responsibilities" and that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant Signature _____ Date: _____

Submit this completed form to a Frontier Bank location and keep a copy of the enclosed notice entitled "Electronic Funds Transfers – Your Rights and Responsibilities"

For Official Use Only

This application is not to be used for Business Accounts

CIF #: _____ - _____ Branch Name: _____ Date Received: _____

CSR Signature _____ Date scanned to debitcardapp@frontiernational.com: _____

Processed by: _____ Date: _____