STATE BANK OF INDIA
19 S LaSalle St, Ste 200
Chicago, IL 60603
Phone: 312-621-1200 Fax: 312-701-0232

MEMBER FDIC

APPLICATION FOR DEBIT MASTERCARD

FIRST NAME	MI	LAST NAME

NAME AS I WOULD LIKE TO APPEAR ON CARD – *21 CHARACTER MAX*

ADDRESS		
STREET ADDRESS		APT #
CITY	STATE	ZIP
PHONE (DAY)*	PHONE (EVE)*	

* Phone number provided in the application is to be used to activate/reset PIN

ACCOUNT TYPE	ACCOUNT NUMBER(S)
PRIMARY – Checking	7 7 7

VALIDATION DATA**	
MOTHER'S MAIDEN NAME	DATE OF BIRTH
SSN (LAST 4-DIGITS) XXX-XX-	DRIVER'S LICENSE/STATE ID #

**This data will be used for identification when you call the customer service center for all purposes.

1. Charges are waived for transactions performed at any ATM with any bank within the United States up to December 2016.
2. The Bank will waive the charges levied by the service provider for transaction performed at State Bank Group ATMs in India/USA up to December 2017.
3. For transactions performed at ATMs/POS terminals outside the United States, cross country (0.2% of transaction amount) and crossborder (0.9% of transaction amount) fees are levied by MasterCard. In addition, the respective ATM network service provider might also charge a fee for each transaction.
4. I have received, read and understand the provisions contained in the terms and conditions letter of "State Bank of India, Chicago Debit Card Agreement" and I accept the terms. I agree that the transactions executed using my debit card will be binding on me.

SIGNATURE **X**_____ DATE _____

FOR OFFICE USE ONLY

ACCOUNT & SIGNATURE VERIFIED SUP-PB	APPLICATION PROCESSED MANAGER

CARD NUMBER	