

**Highland State Bank  
Debit Card Reissue Request**

(for existing cardholder use only, separate application for new debit card required)

Cardholder Name: \_\_\_\_\_

Address as shown on bank records: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last four digits of debit card account: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Reason for requesting new card:

\_\_\_\_ Magnetic stripe worn out/card cracked

\_\_\_\_ Lost card-DO NOT USE THIS FORM-Call the bank immediately

\_\_\_\_ Other, please explain: \_\_\_\_\_

Please note a \$5.00 charge for replacement cards prior to expiration date will be charged to your checking account.

Cardholder Signature: \_\_\_\_\_

Date

Please download this form, sign and return to the bank.

Highland State Bank  
P.O. Box 286  
Highland, WI 53543  
608-929-4515