

**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