



**STATETRUST**  
International Bank & Trust LLC

## Card Country Block/Usage Change Request

<b>Main Customer Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Portfolio Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Portfolio Name:</b> <input type="text"/>	<b>Date Received:</b> ____/____/____ mm dd yyyy
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Instructions - Please complete form to Allow/Block card usage in selected countries.

### Product Information

<b>Product Type</b>	<input checked="" type="checkbox"/> Debit Card
<b>Debit Card Number*</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### Card Usage (Person using the Card)

Select Countries to Allow or Block Card Transactions*	#	Country	Allow	Block	From (M/D/Y)	To (M/D/Y)
	1		<input type="checkbox"/>	<input type="checkbox"/>		
	2		<input type="checkbox"/>	<input type="checkbox"/>		
	3		<input type="checkbox"/>	<input type="checkbox"/>		
	4		<input type="checkbox"/>	<input type="checkbox"/>		
	5		<input type="checkbox"/>	<input type="checkbox"/>		
	6		<input type="checkbox"/>	<input type="checkbox"/>		
	7		<input type="checkbox"/>	<input type="checkbox"/>		
	8		<input type="checkbox"/>	<input type="checkbox"/>		
	9		<input type="checkbox"/>	<input type="checkbox"/>		
	10		<input type="checkbox"/>	<input type="checkbox"/>		
<b>Notes:</b> 1. Please allow 2 business days prior to making changes. 2. Leave the "To" field blank if open-ended. * Required Fields						

<b>Cardholder Signature*</b>	<b>By:</b> _____ Full Name: _____ <b>Date(MDY):</b> _____
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### Authorized Signatures

By signing this Form I/We authorize and assume full responsibility for the opening or blocking of the Debit Card BIN to electronic card transactions in said countries and to indemnify and hold harmless StateTrust International Bank & Trust, LLC., its affiliates and employees from and against any and all claims, liabilities, damages, charges and any expenses sustained or incurred as a result of these changes. Approval signatures must be come from authorized registered Portfolio signers.

**By:** \_\_\_\_\_  
Full Name:  
Date (MDY):

**By:** \_\_\_\_\_  
Full Name:  
Date (MDY):

Signature Verification ☐ By: