

COLEMAN COUNTY STATE BANK
CHECK CARD APPLICATION

Applicant's Name: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone #: _____ Social Security #: _____

Date of Birth: _____ Mother's Maiden Name: _____

Employer: _____ # of years: _____

Primary account # your card will access: _____

Co-Applicant's Name: _____

Address: _____

City: _____ State _____ Zip: _____

Home Phone #: _____ Social Security #: _____

Date of Birth: _____ Mother's Maiden Name: _____

Employer: _____ # of years: _____

By signing below, I/we request the described services and agree to the terms and conditions governing the services, including any fees and charges. I/we agree that all information is accurate and authorizes Coleman County State Bank to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. I have received the fee and disclosure statement for the Check Cards.

APPLICANT'S SIGNATURE: _____ DATE: _____

CO-APPLICANT'S SIGNATURE: _____ DATE: _____

***If a joint account is listed, and both account holders request cards, then both must sign above.

INTERNAL USE ONLY:

PAN#: _____

Approved by: _____ /date: _____

Other account to access: _____

Bank rep: _____

Declined by: _____ /date: _____