

Application for Check Card

Applicant

Account Numbers _____
Name _____
Address _____
City _____
State _____ Zip _____
Home Phone Number _____
Social Security # _____
Date of Birth _____
Employer _____

Co-Applicant

Name _____
Address (if different from above) _____
City _____
State _____ Zip _____
Home Phone Number _____
Social Security # _____
Date of Birth _____
Employer _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit agency.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

Mail or Deliver to:

The Bank of Herrin
101 SOUTH PARK AVE, P.O. BOX B
HERRIN, ILLINOIS 62948

Official Use Only

Date Received _____

Approved (Y/N) _____

Processed By _____