



**PINE RIVER**  
STATE BANK  
YOUR COMMUNITY PARTNER  
MEMBER FDIC

## Business Debit Card Application

### Applicant

Account Number(s)			
Business Name			
Name			
Address			
City, State and Zip			
Phone Number(s)			
Email			
Social Security Number		Date of Birth	
Signature			

### Additional Cardholders

Name (Print)			
Phone Number(s)			
Email			
Social Security Number		Date of Birth	
Signature			

Name (Print)			
Phone Number(s)			
Email			
Social Security Number		Date of Birth	
Signature			

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

**Mail or Deliver to:** Pine River State Bank, PO BOX 67, Pine River, MN 56474