



**PINE RIVER  
STATE BANK**  
*"Your Community Partner"*

I would like to apply for the following card(s):

\_\_\_\_\_ Business Debit Card

**Business Debit Card Application**

\$1.25 Per Month Debited from Account

**Applicant**

Account Number(s)	
Business Name	
Name	
Address	
City	
Zip Code	
Phone Number(s)	
TIN or SSN	
Date of Birth	

**Additional Cardholders**

Name (Print)	
Signature	

Name (Print)	
Signature	

Name (Print)	
Signature	

Name (Print)	
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.