



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

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

_____ ATM Card

_____ Debit Card

_____ Health Savings Account (HSA) Card

Debit/ATM Card Application

\$1.25 Per Month Debited from Account

Applicant

Account Number(s)	
Name	
Address	
City	
Zip Code	
Phone Number(s)	
Social Security Number	
Date of Birth	

Co-Applicant

Account Number(s)	
Name	
Address	
City	
Zip Code	
Phone Number(s)	
Social Security Number	
Date of Birth	

Signatures: By signing below, 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.

Applicant's Signature	
Date	
Co-Applicant's Signature	
Date	

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