



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

- _____ ATM Card
 _____ Debit Card
 _____ Health Savings Account (HSA) Card

Debit/ATM Card Application

Applicant

Account Number(s)			
Name			
Address			
City, State and Zip			
Phone Number(s)			
Email Address			
Mother's Maiden Name			
Social Security Number		Date of Birth	

Co-Applicant

Account Number(s)			
Name			
Address			
City, State and Zip			
Phone Number(s)			
Email Address			
Mother's Maiden Name			
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, has received and agreed to the Electronic Funds Transfer Disclosure, 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