



# Debit/ATM Card Application

I would like to apply for the following card:

☐ Debit Card

☐ ATM Card

☐ Health Savings Account (HSA) Card

## 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	

## Delivery Method (Debit Card ONLY)

\_\_\_\_\_ I would like my Debit card delivered via mail to my address

\_\_\_\_\_ I would like my Debit card Instant Issued and will pick it up in Pine River.

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.

I understand that if I select Instant Issue, I must pick up my card in person at 103 Mill Street Pine River, MN 56474.

Applicant's Signature	
Date	

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## Bank Use Only

### Instant Issue Only

Card Created By:		Date Created	
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### Customer Acknowledgement

By signing below, I confirm that I have received my Instant Issue Debit Card.

Customer Signature		Date	
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