

RUSHVILLE STATE BANK
APPLICATION FOR ATM/DEBIT CARD

****COMPLETE, SIGN, AND RETURN BOTH PAGES****

APPLICANT

ACCOUNT NUMBER(S) _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____
(MOBILE PREFERRED)

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EMPLOYER _____

CO-APPLICANT

ACCOUNT NUMBER(S) _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____
(MOBILE PREFERRED)

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EMPLOYER _____

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

APPLICANT SIGNATURE _____

DATE: _____

CO-APPLICANT SIGNATURE _____

DATE: _____