



Debit Card Application

Applicant

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Emergency Phone:	
Cell Phone:		
Social Security Number:		
Date of Birth:	Driver's License Number:	
Employer:		

Account

Checking Account:

(Money Market accounts are not eligible)

SIGNATURES: The undersigned agree(s) that all information is accurate and authorize the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. If this application is for a joint account, I understand that each signer will be liable for the full amount of all withdrawals. I understand that if approved, cards will be mailed to the address listed on my Marion Community Bank checking account. Also, by signing I acknowledge receipt of an Electronic Funds Transfer Agreement and Disclosure

Applicant's Signature _____ Date _____

OFFICIAL USE ONLY

Date Received _____ Approved (Y,N) _____ Approved By _____
 Processed By _____