

Account Information:

Type of Account: Consumer (40xxxx)
 Business (45xxxx) -- *Business Checking Accounts* (DBA, Partnerships, LLCs, Corporations)

Checking Account Number

For Business Accounts Only: Name of Business (2nd Line Imprint)

Primary Applicant Information:

First Name Middle Initial Last Name

Social Security # Primary Phone Secondary Phone

FOR BANK USE ONLY:	
ATM: \$ _____	POS: \$ _____
Card #: _____	_____
_____	_____

Joint Applicant Information (must be authorized on account):

First Name Middle Initial Last Name

Social Security # Primary Phone Secondary Phone

FOR BANK USE ONLY:	
ATM: \$ _____	POS: \$ _____
Card #: _____	_____
_____	_____

Mailing Address:

P. O. Box or Street Address

City

State

Zip Code

By signing below, I am applying for a Carmine State Bank debit card. I understand this is not a credit card and the dollar amount of the purchases made with this card will be deducted from the above designated checking account. I authorize Carmine State Bank to verify the information provided above and to obtain a credit report. Upon approval and if my checking account is a consumer/personal account (used for household, personal or family purposes) I request a Carmine State Bank Consumer Visa (Debit) Check Card and agree to the Electronic Funds Transfer provided at account opening. Upon approval and if my checking account is a Business or Commercial account, I request a Carmine State Bank Visa Business Check Card. If the debit VISA card is lost or stolen I will immediately notify Carmine State Bank. If the bank is closed, I will contact the After Hours Lost & Stolen Line. A card maintenance fee of \$1.00 per month will be charged to the designated Checking Account.

Primary Applicant

Date

Joint Applicant (if applicable)

Date

FOR BANK USE:

Approved by: _____
Submitted to TransFund by: _____
Computer Room: _____

Monthly Card Fee: Immediate Charge (1)
 6 Months Waive (2)
 Permanent Waive (0)