

DEBIT CARD APPLICATION

***** DOWNLOAD THE BRELLA APP TODAY TO HELP MONITOR YOUR DEBIT CARD *****

I'd like to apply for one of the following cards:

Checking Acct #: _____

Debit Card _____

Savings Acct # (optional): _____

APPLICANT	BOOKKEEPING ONLY
Name: _____	Debit Card #: _____
Street Address: _____	
PO Box : _____	
City: _____	
State: _____ Zip: _____	
Home Phone #: _____	
Cell Phone #: _____	
Social Security #: _____	
Date of Birth: _____	
Employer: _____	
Employer's Address: _____	
Employer's Phone #: _____	

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. ****Parent's/Guardian's signature required for minors****

Applicant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Mail or Deliver to:

Independent Farmers Bank
 201 West Main Street
 PO Box 128
 Maysville MO 64469

Debit Card Fees:

To place Hot Card on account: \$4.00
 New Card: \$7.50

Branch Use Only: Credit Report: Yes No

Approved: Yes No Date Rec'd: _____

Daily Limit Approved For: \$300 _____ \$1000 _____

Officer's Initials: _____ Date Approved: _____

If Denied, Reason(s): _____

Bookkeeping Only:

Date Ordered: _____ By: _____

Approval Letter / New Card Notice & EZ Pin Sent:

Date: _____ By: _____

Denial Letter Sent: _____ By: _____

