



Check Card Application

Drop off the completed application form at your nearest Premier Community Bank location.

PERSONAL DATA—APPLICANT

NAME _____ SOCIAL SECURITY _____ BIRTHDATE _____

ADDRESS

Street _____ Apt. # _____

City _____ State _____ Zip _____ Phone _____

Employer _____ Daytime Phone _____

CO-APPLICANT

NAME _____ SOCIAL SECURITY _____ BIRTHDATE _____

ADDRESS

Street _____ Apt. # _____

City _____ State _____ Zip _____ Phone _____

Employer _____ Daytime Phone _____

Card to be linked to: **Checking:** _____
Savings: _____

By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fee 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's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Approved by: _____ Date: _____ Card #: _____ Port #: _____