

# Debit Card Application

Regular Debit       Health Savings Debit

*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 \_\_\_\_\_