



# Debit Card Application

APPLICANT

Account Number(s)

Please Print Name

Address

City

State

Zip

Home Phone #

Cell Phone #

Social Security #

Date of Birth

Employer

Please Print Name

Address (if different from above)

City

State

Zip

Home Phone #

Cell Phone #

Social Security #

Date of Birth

Employer

**Signatures:** By signing below, the undersigned request(s) a Bank of Pontiac Debit Card and agrees to the terms and conditions governing the card, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes Bank of Pontiac to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

**X**

Applicant's Signature

Date

**X**

Co-Applicant's Signature

Date

*Mail or Deliver to:*

Bank of Pontiac • P.O. Box 710 • Pontiac, IL 61764

## Official Use Only

Date Received \_\_\_\_\_

Approved (Y / N) \_\_\_\_\_

Processed By \_\_\_\_\_

CO-APPLICANT