

VISA[®] CheckCard Application

Name _____ Birthdate _____ / ____ / ____
- -

Social Security # _____

Joint Name _____ Birthdate _____ / ____ / ____
- -

Social Security # _____

Street Address _____

City _____ State _____ Zip _____

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Phone _____

Indicate the accounts that you want to be able to use with this card. When making transactions at places other than ATMs, only your checking account can be used.

Checking Account # _____

Savings Account # _____

I hereby certify that the information provided herein has been supplied truthfully, accurately, and voluntarily; and I authorize Peoples National Bank to make whatever inquiries, credit or otherwise, Peoples National Bank feels necessary to evaluate my application. I agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my Card. I agree that use of my Card constitutes consent to each agreement, rule, and regulation of Peoples National Bank then in effect governing such use.

Signature _____ Date _____

Joint Signature _____ Date _____