Check Card Application

Bank of Palmer

Application Approved By:

Name: _____

(Please Print)

Account #: _____ Date Account Opened: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Social Security #: _____ Date of Birth: _____

Employer: _____

_____ _____

Applicant's Signature **Date**

Signatures: By signing, the applicant request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The applicant 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.

Mail or Deliver to:

Bank of Palmer
PO Box 90
Palmer, KS 66962
(785)692-4511

Bank of Palmer-Barnes
PO Box 248
Barnes, KS 66933
(785) 763-4310

Bank Use Only

Card Number	**Notes**