IROQUOIS FARMERS STATE BANK

ATM/CHECK CARD APPLICATION

Applicant Name: _____

Address:_____

_____

Home Phone #: _____ Work Phone #:_____

Social Security Number: _____

Birth Date_____

Co-Applicant Name: _____

Social Security Number: _____

Birth Date_____

Account (s) number (s) cards will be
attached to:

_____   _____
savings or checking   savings or checking

Applicant's signature _____

Co-Applicant's signature _____

Date _____

All applicants are subject to credit approval. **Trans Union Credit Services**
will be used to review new account applications.

Office use only: Officer Approval _____ Date _____