

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 _____

