

NORMANGEE STATE BANK
ATM / DEBIT CARD (CHECKCARD) APPLICATION

By my signature below, I am requesting a Normangee State Bank Check Card. I understand that my Check Card will allow access to my bank accounts listed below. I understand to memorize my Personal Identification Number (PIN) and not to write the (PIN) where it can be stolen or lost with my Check Card. I have received a copy of the liability disclosures concerning the use of my Check Card. (NOTE: Copy will be given to you upon the submission of this form.) The bank may obtain a current credit report upon receipt of this application. I agree to abide by the regulation terms and conditions established by Normangee State Bank as related to the use of the Check Card.

Name of Applicant

Name of Co-Applicant

Address

City

State

Zip

Home Phone

Work Phone

Employer Name

Social Security Number

Checking Account Number

Signature of Applicant

Date

Signature of Co-Applicant

Date