

DEBIT CARD APPLICATION

***** DOWNLOAD THE BRELLA APP TODAY TO HELP MONITOR YOUR DEBIT CARD *****

DEBIT CARD FEES: HOT CARD FEE \$5.00 NEW CARD FEE: \$10.00

Checking Acct #: _____

Savings Acct # (optional): _____

APPLICANT

Name: _____

Street Address: _____

PO Box : _____

City: _____

State: _____

Zip: _____

Home Phone #: _____

Cell Phone #: _____

Social Security #: _____

Date of Birth: _____

Employer: _____

Employer's Address: _____

Employer's Phone #: _____

BOOKKEEPING ONLY

Debit Card #: _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned 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. ****Parent's/Guardian's signature required for minors****

Applicant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Branch Use Only: Credit Report: Yes No

Approved: Yes No Date Rec'd: _____

Daily Limit Approved For: \$300 _____ \$1000 _____

Officer's Initials: _____ Date Approved: _____

If Denied, Reason(s): _____

Bookkeeping Only:

Date Ordered: _____ By: _____

Approval Letter Date: _____ By: _____

Fees Paid: Yes No By: _____

Denial Letter Sent: _____ By: _____