

VISA DEBIT CARD APPLICATION

Card Holder Name: _____

Business/Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

#1 Phone: _____ C H B

#2 Phone: _____ C H B

Social Security #: _____

Date of Birth: _____

Checking Account #: _____ Attach Sav: Y N

I agree that the bank may rely on the accuracy of the above information, and is authorized to obtain and/or verify my credit history, bank references, employment, and any other information permitted by law to determine my credit worthiness.

Signature

Date

BANK USE ONLY

Portfolio #: _____ Temporary Card: Y N

Approved by: _____ Date: _____

CN: _____

CN: _____

CN: _____

CN: _____

CN: _____

CN: _____

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