

DEBIT CARD APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____

Business Phone: _____

Social Security #: _____

Date of Birth: _____

Checking Account #: _____

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

Approved By: _____ Date: _____

Portfolio #: _____

_____ Checking only _____ Checking & Savings

CCN: _____

CCN: _____

CCN: _____

CCN: _____

Home Trust & Savings Bank
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