



## ATM/VISA Check Card Application

The Chetopa State Bank **ATM Card** allows you to access your accounts from hundreds of ATM locations around the world. You can use your ATM card at any ATM bearing the PLUS logo, including 'no service charge' use at our own ATMs located throughout Southeast Kansas.

The Chetopa State Bank **Visa Check Card** allows you to pay for purchases directly from your checking account.

Our customer service officer will discuss with you the three levels of cards we offer.  
(ATM, VISA Check, and VISA Gold Card)

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### YES, I want the Chetopa State Bank ATM/VISA Check Card!

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Please issue a Chetopa State Bank ATM/VISA Check Card to the individual(s) who have signed below, for use with my/our checking and/or savings account.

Date: \_\_\_\_\_ I/We would like the: **ATM Card:** \_\_\_\_\_ **VISA Check Card** \_\_\_\_\_ **VISA Gold Card:** \_\_\_\_\_

#### Applicant #1 Information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Yrs. \_\_\_\_\_  
(If current address is less than 6 months)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Current Employer \_\_\_\_\_ Yrs. \_\_\_\_\_

Accounts to be accessed: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

#### Applicant #2 and Emergency Contact Information:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Current Employer \_\_\_\_\_ Yrs. \_\_\_\_\_

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The information is true and complete. I request that you issue a Chetopa State Bank ATM/VISA Check Card in the name(s) shown above, and that you renew and replace the card(s) until notice to the contrary is given. I authorize you to investigate my credit and to report to others on your credit experience with me. I promise to pay all debits, fees and extensions of credit generated by usage of the card(s). If I do not qualify for the card level requested, I authorize you to issue the card that I do qualify for.

Applicant #1 Signature \_\_\_\_\_ Applicant #2 Signature \_\_\_\_\_