



# Personal VISA Check Card Application

THE FARMERS BANK

Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **Attached Accounts**

Primary Checking Account\* \_\_\_\_\_ Primary Savings Account\*\* \_\_\_\_\_

Secondary Checking Account\*\* \_\_\_\_\_ Secondary Savings Account\*\* \_\_\_\_\_

\*Account may be access for all transactions

\*\*Account can only be accessed for ATM transactions.

By signing below, I am requesting The Farmers Bank VISA CheckCard. I understand that the retention or use of such card(s) shall be governed by the printed terms and conditions of The Farmers Bank VISA CheckCard Cardholder Agreement provided to me upon receipt of this application.

X \_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian Signature  
(for applicants under age 18)

\_\_\_\_\_  
Date