



# MarkleBank CheckCard Application

Please print all information and mail or return completed application to any MarkleBank office.

Type of Application:

Debit

Home Equity Line

HSA

## Applicant Information (print name exactly as you would like it to appear on your card)

First Name M. I. Last Name Social Security Number Date of Birth

Address City, State, ZIP

Home Telephone Work Telephone

Present Employer Employer's Address

Date of Employment Monthly Gross Income \$ Today's Date

## Account Information

Primary Checking Account Number

Primary Savings Account Number

Checking Account Number

Savings Account Number

## Signature (application must be signed below)

I certify that everything I have stated in this application or on any attachments is correct. MarkleBank may keep this application whether or not it is approved. By signing, I authorize MarkleBank to check my credit and employment history and to answer any questions others may ask the bank about my credit record with the bank. I understand that I must update the credit information at your request if my financial condition changes.

Applicant's Signature

Date

## Bank Information (do not write in this area)

Average Checking Balance (12 mo.) \_\_\_\_\_

Date Checking Account Opened \_\_\_\_\_

Number of Overdrafts (12 mo.) \_\_\_\_\_

Average Savings Balance (12 mo.) \_\_\_\_\_

Date Savings Account Opened \_\_\_\_\_

Port # \_\_\_\_\_

Approved \_\_\_\_\_

# of Cards \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Notice Sent \_\_\_\_\_

Fold and secure with tape for mailing.