

**The Garnavillo Savings Bank
Application for Debit Card**

Please Print Information Below:

Applicant

Last Name First Name Middle Initial

Social Security Number Date Of Birth

Mailing Address

City State Zip Code + 4

Home Phone Number Work Phone Number

Co-Applicant

Last Name First Name Middle Initial

Social Security Number Date Of Birth

Mailing Address

City State Zip Code + 4

Home Phone Number Work Phone Number

Checking account number to which my Debit Card should be linked for Point of Sale purchases and ATM use:
_____ (required)

Savings account number to which my Debit Card should be linked for ATM access only:
_____ (optional)

Signatures: By signing below, the undersigned requests the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agrees that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____

Please Deliver or Mail Application to: The Garnavillo Savings Bank, PO Box 100, Garnavillo, IA 52049-0100

For Financial Institution Use Only:

Date Received _____ Approved (Y/N) _____ Decision By _____

Date Card Ordered _____