

MERCHANTS AND FARMERS BANK DUMAS AR

ATM CARD / CHEKCARD APPLICATION

APPLICANT INFORMATION

Name _____ SSN _____ DOB _____

Address _____

Home Telephone # _____ Employer Telephone # _____

Address of Employer _____
Employer _____

ACCOUNT PROFILES

Please link my Card to the following accounts:

Checking Account # _____ (For Purchases & ATM machines)

Savings Account # _____ (For ATM machines only)

I would like to apply for: (Choose one only)

_____ ChekCard (Used for purchases & ATM machines)

_____ ATM Card (Used for ATM machines only)

My Current ATM Card will be canceled after I have received the ChekCard.

By Signing Below, the undersigned request the described services and agrees to the terms and conditions governing the services, including any fees and charges, and acknowledges receipt of the Electronic Funds Transfer Disclosure. The undersigned agree 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. The financial institution reserves the right to approve or deny the ATM or ChekCard application based on history of past or existing accounts.

Applicant Signature _____ Date _____

For Bank Use Only

Port # _____

Verify application with Signature Card – CSR's Initials and Date _____

Acct History: Date Opened _____ YTD Avg Bal _____ Number of OD's Last 2 Months _____

Date Received _____ Approved By _____ Limits: ATM Daily \$ _____ POS \$ _____

Photo 55081800 _____ Reg 55079000 _____ ATM 56826400000 _____

Card Exp Date _____ Reissue Months _____

Please complete and return this application to:
Merchants and Farmers New Accounts Department.