



MASON CITY  
 National Bank  
 MASON CITY, ILLINOIS 62664

**ATM/DEBIT CARD APPLICATION**

NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE, ZIP

PRIMARY PHONE

SECONDARY PHONE

*For your Fraud Protection, the network may need to reach you to determine if a transaction being made is fraudulent. We need two phone numbers. The primary number should be the quickest way to reach you.*

1.  Checking Account

ACCOUNT NUMBER

2.  Savings Account

ACCOUNT NUMBER

**Important Notice:**

Single accounts will receive one card. Joint accounts will receive two cards, one in the name of each cardholder. Each cardholder must fill out an application.

***I hereby make application for ATM service and agree to the terms of the cardholder agreement, which will be provided.***

Signature

**For Bank Use Only**

Date \_\_\_\_\_ Card No. \_\_\_\_\_

Avg Bal \_\_\_\_\_ Daily Limit \_\_\_\_\_ Employee Initials \_\_\_\_\_ Approved by \_\_\_\_\_

New \_\_\_\_\_ Reissue \_\_\_\_\_ Change \_\_\_\_\_