



Debit Card / ATM Application

Full Name:

Address:

City: State: Zip:

Home Phone: Work Phone: Birth Date:

Social Security # Checking Acct. # Savings Acct. #

Additional Cardholder Information: (Optional)

Full Name:

Social Security # Birth Date:

Cardholder Authorization and Agreement:

I / We authorize Citizens National Bank to verify statements made in this application. I / We agree to the terms and conditions of the debit card disclosure and the electronic funds disclosure from Citizens National Bank.

Signature: Date: / /

Additional Cardholder Signature: Date: / /

Please fill out and mail application to:

**Citizens National Bank
Attn: New Accounts
300 First Street West
PO Box 231
Park Rapids, MN 56470**

