



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***



Member
FDIC