

APPLICATION FOR

"Peoples" VISA Check Card

APPLICANT

Account Number(s) _____
Name _____
Address _____
City _____
State _____ Zip _____
Home Phone Number _____
Social Security # _____
Date of Birth _____
Employer _____

CO-APPLICANT

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone Number _____
Social Security # _____
Date of Birth _____
Employer _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) 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.

Applicant's Signature Date

Co-Applicant's Signature Date

Number of cards requested: 1 or 2 (circle)

Mail or Deliver to:

PEOPLES STATE BANK
201 Church St., PO Box 217
Wyalusing, PA 18853-0217

Official Use Only

Date received _____
Line limits: On _____ Off _____
Processed By _____