

**Farmers National Bank
Business Debit Card Application**

CIF #: _____		
Business Name: _____		
Address: _____		
City	State	Zip
TIN #: _____ Business Phone #: _____		
Type of Business: _____		

CIF #: _____		
Applicant Name: _____		
Address: _____		
City	State	Zip
Title: _____		SSN #: _____
Home Phone #: _____	Cell Phone #: _____	

The Debit Card will be linked to the following accounts:

- Checking Account
- Savings Account

POS Limit \$ _____ ATM Limit \$ _____

Signatures: Farmers National Bank is authorized to obtain a consumer credit report and verify the statements contained in this application. Each of the undersigned understands that the bank will retain this application whether or not it is approved. Each of the undersigned certify that they have been provided with additional disclosures regarding the debit card.

Office / Owner Signature for Approval _____
Date

Applicant Signature _____
Date

Bank Use Only

Date Ordered: _____ By: _____ Card # _____

- Instant Issue CPI

Operations

- Add/Remove POS Checkback: _____
- CPI Card Batch Created Transmit to CPI Date: _____