

**Farmers National Bank
Personal Debit Card Application**

Type of card requested: Consumer Health Savings Account

Applicant

CIF #: _____		
Name: _____		
Address: _____		
City	State	Zip
SSN: _____		DOB: _____
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.

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: _____