

"Quick Check" Application Longview Bank 217-582-2175 Ogden 217-688-3150 Sidney

Applicant Name _____ Date of Birth _____ Street (or 911) Address Box # (if any) City _____ State ____ Zip ____ Home Phone: _____ Work Phone: _____ Address: City: State: Zip: Your Employer _____ Position or Title: _____ Length of Employment ____ Co-Applicant Name SS# Date of Birth Street (or 911) Address_______ Box # (if any)_____ City _____ State ____ Zip ____ Home Phone: _____ Vork Phone: _____ Work Phone: _____ Your Employer _____ Position or Title: _____ Length of Employment ____ Address: City: State: Zip: Deduct my "Quick Check" card purchases & withdrawals from checking acct #:_____ If my "Quick Check" card is damaged, lost, or stolen, I/we may be required to pay a replacement fee of \$10.00 (Ten dollars). By signing this application, I/we authorize a consumer credit report and verify the statements in this application. Furthermore, I/we agree to be bound by the terms and conditions of the debit card including any fees and charges and the electronic funds transfer brochure, copies of which will be mailed to the applicant(s) if a card is granted. Receipt of terms and conditions, and disclosure, and acceptance of such terms will be conclusively presumed by the use of the card. If this is a joint application, the undersigned shall be jointly and severally liable for any and all debit card transactions. BOTH parties must sign if a joint account is desired. Applicant signature ______ Date _____ Co-applicant signature ______Date _____

FOR BANK USE ONLY	Approved by:	
"Quick Check" account number	'Quick Check" account number (CCN):	
LIMITS: Total Daily	Daily ATM	
Date ordered	Order input by	