



“Quick Check” Application

Longview Bank
217-582-2175 Ogden
217-688-3150 Sidney

Applicant Name _____ SS# _____ Date of Birth _____

Street (or 911) Address _____ Box # (if any) _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Your Employer _____ Position or Title: _____ Length of Employment _____

Address: _____ City: _____ State: __ Zip: _____

Co-Applicant Name _____ SS# _____ Date of Birth _____

Street (or 911) Address _____ Box # (if any) _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Your Employer _____ Position or Title: _____ Length of Employment _____

Address: _____ City: _____ State: __ Zip: _____

If my “Quick Check” card is damaged, lost, or stolen, I/we may be required to pay a replacement fee of \$15.00 (Fifteen dollars).

Deduct my “Quick Check” card purchases & withdrawals from checking acct #: _____

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 (CCN): _____ *Rush*

LIMITS: Total Daily _____ *Daily ATM* _____

Date ordered _____ *Order input by* _____