

DEBIT CARD APPLICATION
Citizens State Bank
1330 W. Commerce Street
Buffalo, Texas 75831
Ph 903-322-4256 Fax 903-322-3384

Citizens State Bank
400 E. St. Mary's
Centerville, Texas 75833
Ph 903-536-5601
Fax 903-536-5302

Citizens State Bank
201 E. Main Street
Itasca, Texas 76055
Ph 254-687-2305
Fax 254-687-2755

Citizens State Bank
303 S. Bosque Street
Whitney, Texas 76692
Ph 254-694-4477
Fax 254-694-5588

Citizens State Bank
107 NE 3rd Street
Hubbard, Texas 76648
254-576-1333
254-576-3433

****ONE APPLICATION PER PERSON****
CARDHOLDER INFORMATION

CHECKING ACCOUNT NUMBER _____

FIRST NAME _____ LAST NAME _____ MI _____

SOCIAL SECURITY # _____ EMAIL _____

BIRTHPLACE _____ MOTHER'S MAIDEN NAME _____

DATE OF BIRTH _____ ARE YOU A US CITIZENS? _____ YES _____ NO

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL _____

EMPLOYER _____

I agree that the use of any Debit Card ("Card") issued in response to this application will constitute my Agreement to be jointly and separately bound by the terms and conditions of the Debit Card Agreement delivered with the Card. I certify that the above information is complete and true, and is provided for the sole purpose of obtaining the Card. I authorize Citizens State Bank to make whatever credit and/or investigative inquires deemed necessary in connection with this application. I understand that this Card is not a Credit Card, and that no commitment to extend credit to me will be made by your issuance of the Check Card request.

I acknowledge and agree to the terms and conditions as outlined above.

X _____ Date: _____

Account Holder's Signature