

## Farmers National Bank Debit Card

PLEASE PRINT INFORMATION BELOW

Last Name (Cardholder)	First Name	MI	Soc. Sec. No.	Birth Date
Last Name (Joint Cardholder)	First Name	MI	Soc. Sec. No.	Birth Date
Home Address				
City ( )	State ( )		Zip Code	
Home Phone Number		Work Phone Number		

This card should be linked to my checking account number for debit card purchases and ATM use:

Checking Account Number: \_\_\_\_\_

This card should be linked to my savings account number for ATM access only:

Savings Account Number (optional) \_\_\_\_\_

*Please read the following carefully before signing:*  
**AGREEMENT OF DISCLOSURE**

I (We) agree that the bank may rely on the accuracy of the above information. If my (our) Farmers National Bank debit card is damaged, lost, or stolen, I (we) will be required to pay a replacement fee of \$5.00 per card. There may be a charge for any transaction done at an ATM not owned by Farmers National Bank.

Cardholder Signature	Date
Joint Cardholder Signature	Date

For Financial Institute Only:	
# of cards _____	Exp. Date _____
Limits Daily _____	Officer _____
ATM _____	Order Date _____
Three Day _____	_____