## **Peoples Exchange Bank**

## **Money Card Application**

If you would like a Money Card issued to you, please complete this application, sign and return to one of our three locations. If you would like to return it by mail, please refold so the bank address is on the outside.

Name of cardholder			
	Last	First	MI
Address			
	Street Name		
City/State		G	
	City	State	Zip Code
Social Security No.		Phone Number	
Date of Birth			
Name of cardholder			
Social Security No.	Last	First	MI
Date of Birth			
withdrawal, transfe	d should be linked to n	ny savings/money market act and the above checking acount number:	
renew and replace accordance with the fees generated by M	the card(s) until not Electronic Funds Tra Money Card transaction	ge Bank Money Card in the cice to the contrary is givensfer Disclosures which I has on the above accounts. If all Money Card transactions.	names above and that you n. I promise to pay, in we received, all debits and this is a joint application, I
		Date:	
Applicant Signature (Requi	red)		
Co-Applicant Signature (D.	equired for Joint Application)	Date:	
* -			
14	104 28th Street, P.O. Box 1	60 Belleville, Kansas 66935 (785)	527-2213

1404 28<sup>th</sup> Street, P.O. Box 160 Belleville, Kansas 66935 (785) 527-2213 413 Washington, P.O. Drawer 9 Clyde, Kansas 66938 (785) 446-3331 302 West 6<sup>th</sup> Street, P.O. Box 649 Concordia, Kansas 66901 (785) 243-2000