



Please return your signed and completed application to:

Citizens Financial Bank
ATTN: EFT Services
707 Ridge Road
Munster, IN 46321

If you have questions about this application, please call 1-888-226-5237 or e-mail us at info@citz.com.

Citizens Check Card Application

The information requested below is required to process a Check Card application. You must be 18 years or older and have a Citizens checking account. Incomplete applications will not be processed.

Name		Card #	
Address			
City	State	Zip Code	Daytime Phone Number
Social Security Number	Date of Birth		Evening Phone Number
Mother's Maiden Name	Customer Name Line (maximum 31 letters)		

Identification Information (1 Primary or 2 Secondary)				
Type	Value	Issued By	Issue Date	Expire Date

I wish to access the following accounts with my card:

Please provide the information requested below. Primary accounts are those that are used most frequently.

Account Type	Primary Account Number	Secondary Account Number
Checking (required)		
Statement Savings		

I understand that I am the only individual authorized to use the card that use of the card signifies agreement to the terms and conditions set forth in the Account Information Brochure. Everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved.

Signature: _____ Date: _____

Employee: _____ PID #: _____ Office #: _____

BACK OFFICE USE ONLY			
Port #	Date Rec/Verified	Star Entry Date	ITI Entry Date
N/L on Port	Initials	Initials	Initials