



Debit Card Application

Instructions:

Fill in the blanks, print this page, bring to any Hardin County Savings Bank location or mail to:
Hardin County Savings Bank
PO Box 311
Eldora, IA 50627

HCSB Debit Card Application:

Checking Account # _____

Savings Account # _____

Savings Account # _____

Applicant Name _____

Social Security # _____

Birthdate _____

Co-Applicant Name _____

Social Security # _____

Birthdate _____

Mailing Address _____

City/State _____

Primary Phone # _____

Secondary Phone # _____

Agreement of Disclosure: Please read the following carefully before signing.

I/We authorize the set-up of the above mentioned account(s) for use on the HCSB Debit Card.
I/We agree to the terms and conditions governing instant access banking services as described in the Hardin County Savings Bank brochure "Regulation E Disclosure."
I/We agree that inquiries may be made to verify information and htat credit references or verification may be given based on inquiries from other parties.

This offer is subject to the policies of this institution.

Applicant Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____