

Consumer Account Service Application

Debit Card

Financial Institution

Muenster State Bank
201 N. Main Street
P.O. Box 100
Muenster TX 75252

Gainesville Banking Center
1601 W Hwy 82
P.O. Box 1058
Gainesville TX 76241

Account Holder

Account Type: _____

Account #: _____

Telephone: _____ cell
_____ work
_____ home
_____ other

Signatures

By signing below, you, the undersigned, request the described services and agree that all information in this application is accurate. You authorize us to verify your creditworthiness and employment history through any necessary means, including preparation of a credit report by a consumer reporting agency. You agree to the terms of the requested service, including fees and charges.

Signature

Date

Signature

Date

Institution Use Only

Debit Card # _____

Debit Card # _____

Ordered by: _____

Date: _____

OD Limit: _____