

# 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: \_\_\_\_\_