

Debit MasterCard® Application

Meade County Bank

First Name	Last Name	Home Phone	
Street Address	City	State	Zip
Social Security Number	Place of employment	Work Phone	

Account Number(s) to be accessed by this card:

Account # 1	Acct. Title:	<input type="checkbox"/> DDA
Account # 2	Acct. Title:	<input type="checkbox"/> DDA <input type="checkbox"/> Savings
Account # 3	Acct. Title:	<input type="checkbox"/> DDA <input type="checkbox"/> Savings
Account # 4	Acct. Title:	<input type="checkbox"/> DDA <input type="checkbox"/> Savings

I understand that the use of this card at any ATM not owned by Meade County Bank or its affiliates will result in a service charge fee of \$0.75 per transaction. This does not include any fees levied by the ATM owner.

Signature _____ Date _____

I authorize Meade County Bank to issue a Debit MasterCard® to access my account(s) and/or to make such card service charges, if any. I certify that the information provided is true to the best of my knowledge and authorize Meade County Bank, at its discretion, to obtain credit reports and employment verification on me.

Signature _____ Date _____