



CONSUMER APPLICATION  
CHECK CARD

<p><b>I'd like to apply for the following:</b></p> <p><input type="checkbox"/> ProGrowth Bank Check Card</p> <p><input checked="" type="checkbox"/> Number of Cards Requested: _____</p>	<p style="text-align: center;"><b><u>Account Numbers</u></b></p> <p>Savings Account Number: _____</p> <p>Checking Account Number: _____</p> <p>_____ Account Number: _____</p>
<p>Accountholder1 Name: _____</p> <p>Accountholder2 Name: _____</p> <p>Account Address: _____</p> <p>Account Address: _____</p> <p>City: _____ State: _____ Zip: _____</p>	<p>Name(s) of Person(s) to issue cards to: _____</p> <p>Name1: _____</p> <p>Name2: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>

<b>City Born In:</b> _____	<b>Mother's Maiden Name:</b> _____
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<b>ATM DDL*1:</b> _____ <small>*Daily Dollar Limit</small>	<b>POS** DDL1:</b> _____ <small>** Point of Sale</small>
<b>ATM DDL*2:</b> _____ <small>*Daily Dollar Limit</small>	<b>POS** DDL2:</b> _____ <small>** Point of Sale</small>

**Signatures:** By signing below, the undersigned requests the described service and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agrees that all information is accurate and authorizes ProGrowth Bank to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency if necessary. The undersigned acknowledges receipt of and agrees to the terms of the following:

Electronic Funds Transfer       Understanding Your Deposit Account brochure

Signature1 _____	Date _____	Social Security Number _____
Signature2 _____	Date _____	Social Security Number _____

For Institution Use:	Additional Information: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Declined	_____
By: _____ Date: _____	PAN Number1: _____
	PAN Number2: _____
	Date Issued: _____ By: _____