## Approved By

## First Neodesha Bank ATM/VISA Check Card Application

Received By

Online Application

The First Neodesha Bank or Bank of Parsons **ATM Card** allows you to access your accounts from hundreds of ATM locations around the world. You can use your ATM card at any ATM bearing the PLUS or Accel/Exchange logos, including 'no service charge' use at our own ATMs located in Neodesha, Parsons, Chanute, and Chetopa. Visit our website <a href="www.fnb-ks.com">www.fnb-ks.com</a> or contact one of our customer service representatives for location details.

The First Neodesha Bank or Bank of Parsons **VISA Check Card** allows you to pay for purchases directly from your checking account, wherever VISA is welcome. The amount of your purchase will be immediately withdrawn from your checking account with First Neodesha Bank or Bank of Parsons. You may also use your VISA Check Card at any ATM bearing the VISA, PLUS or Accel/Exchange logos.

To apply for one of these cards, fill out the application below and return it to any of our Neodesha, Fall River, Longton or Parsons locations.

Our customer service officer will discuss with you the three levels of cards we offer. (ATM, VISA Check, and VISA Gold Card)

Yes, please issue a First Neodesha Bank/Bank of Parsons ATM or VISA Check Card to the individual(s) who have signed below, for use with my/our checking and/or savings account.

my/our checking and/or sa	lvings account.				
Date:	I/We would like the:	ATM Card	VISA Chec	ck Card	VISA Gold Card
Applicant #1 Information	on:				
First Name	MI	_Last NameSSN			DOB
Current Address		City	State	Zip	YrsMo
Previous Address		City	State	Zip_	YrsMo
Home Phone	Cell Phone		Current Employ	Yrs	
Accounts to be Accessed:	Primary Checking #	Primary Savings #			
	Secondary Checking #	# Secondary Savings #			
Applicant #2 Information	on:				
First Name	MI	Last Name		SSN	DOB
Home Phone	Cell Phone	Current Employer			Yrs
		Request for VIS	A Check Card		
above, and that you renew ar	nd replace the card(s) until r promise to pay all debits,	notice to the contrary fees and extensions o	is given. I authorize yo	u to investigate m	TISA Check Card in the name(s) shown by credit and to report to others on you.  If I do not qualify for the card leve
Applicant #1 Signature_		Applicant #2 Signature			
		Internal U	Use Only		
Portfolio #				Card #1	
Annual Fee:	□ Yes □ No			Card #2	
FS FM By:		FS FM Checked By:			
Navigator FM By:		Navigator FM Checked By:			