

**APPLICATION FOR
CLAY COUNTY STATE BANK (CCSB)
SHAZAM@Chek DEBIT CARD**

APPLICANT

Account Number(s) _____
Name _____
Address _____
City/State/Zip _____
Home Phone Number _____
Social Security # _____
Date of Birth _____
Employer _____

CO-APPLICANT

Name _____
Address (if different from above) _____
City/State/Zip _____
Home Phone Number _____
Social Security # _____
Date of Birth _____
Employer _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's Signature _____
Date _____
Co-Applicant's Signature _____
Date _____

Mail or Deliver to:
**CLAY COUNTY STATE BANK
P.O. BOX 248
LOUISVILLE, ILLINOIS 62858**

Official Use Only

Date received _____
Approved (Y / N) _____
Processed By _____