

Farmers and Merchants Bank

VISA CHECK CARD APPLICATION

Name_____

SSN_____

Address _____

Date of Birth_____

City_____ State_____ Zip_____

Phone Number_____

Signature_____

Date_____

Please provide all necessary information.

Account Type	Account Number	Account Name
Checking		Primary Account
2		
3		
Savings		Primary Account
2		

*Application Approval-Approximately fourteen (14) days from the day the completed application is received.