



**Application for Citizens
Visa Check Card**

Individual Information:

*Account Number _____
*Name _____
*Address _____
*City _____
*State _____ *Zip _____
*Phone (____) - _____
*SS No. _____
Date of Birth _____
E-Mail Address _____

Signatures: By signing below, the undersigned request(s) the described service and agrees to the terms and conditions governing the service located in my depository agreement, 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.

*Authorized Signature _____
*Date _____

Mail or deliver to

Citizens National Bank
P.O. Box 6266
Bossier City, LA 71171-6266

For Official Use Only:

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

* Denotes Required Information