

Apply NOW! BANKWEST Cash & Check Card.

Please print this form, complete it, then drop it off at any one of our locations.
You may also mail or fax it to us.

Cash & Check Card Application

Name _____

Address _____

City, State, Zip _____

Checking Account Number _____ or Savings Account Number _____

Phone _____ Cell Phone _____

Signatures

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I acknowledge receipt of a copy of BANKWEST's Electronic Funds Transfer Agreement and agree to the terms set in that agreement. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Signature of Authorized Account Holder

Social Security No.

Date

Signature of Joint Account Holder (if applicable)

Social Security No.

Date

For Bank Use Only

ATM DDL _____ POS DDL _____

PAN 1 _____

PAN 2 _____

BANKWEST

Building a Legacy of Caring



PO Box 219, Rockford, MN 55373

763.477.5231

763-477-7411 (fax)

Member FDIC