

Mail To:

Rosemount National Bank
15055 Chippendale Avenue South
Rosemount, MN 55068

ELAN

Request for ATM Card

Please Print Information Below:

Applicant Name

Last Name	First Name	MI	Soc Sec #	Birth Date
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Co-Applicant Name

Last Name	First Name	MI	Soc Sec #	Birth Date
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Address	City	State	Zipcode
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(_____) _____ (_____) _____

Home Phone Number	Work Phone Number
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Please link my ATM Card to the following accounts:

Checking Account # : _____

Savings Account # : _____

♦ Transactions at ATMs located at Rosemount National Bank offices are FREE. All withdrawals at ATM's offsite will be assessed \$.70 per transaction, except for Reward Checking customers.

Primary Cardholder Signature Date

Secondary Cardholder Signature Date

Bank Use Only:

Employee Approval of Account: _____