

Mail To:

Rosemount National Bank
15055 Chippendale Avenue South
Rosemount, MN 55068

ELAN

Request for Visa Chek Card

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
(_____) _____	(_____) _____		
Home Phone Number	Work Phone Number		

Mother's Maiden Name

Please link my Chek Card to the following accounts:

Checking Account # (For ATM access & purchases) _____

Savings Account # (For ATM access only) _____

- ◆ 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

"A Visa card may not be used for illegal transactions."

Bank Use Only:

_____	RUSH (_____
Visa Check Account Number)	Number of Cards
_____	LIMITS: Daily	_____ Unmanned _____ 3-Day _____
Expiration Date	Re-issue Months	
Employee Approval of Account: _____		