

CREDIT APPLICATION

**FOR M&J MASTERMONEY DEBIT CARD**

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**Applicant**

Account Number(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

**Co-Applicant**

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, 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.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Deliver to any of our locations or mail to:**  
Morrill & Janes Bank and Trust Company  
P.O. Box 209  
21 Main Street  
Sabetha, KS 66534

Official Use Only:  
Date received:  
Approved (Y/N):  
Processed By: