



easy.
safe.
convenient.



MasterMoney™ Card Application

410 Buchanan • Carthage, IL 62321 • (217) 357-3151 • Fax: (217) 357-6760
 1111 Broadway • Hamilton, IL 62341 • (217) 847-3341 • Fax: (217) 357-2500
 507 Main Street • Augusta, IL 62311 • (217) 392-2151 • Fax: (217) 392-2455

Primary Account Owner Information

MasterMoney Card ATM Card Only

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Social Security Number _____ Birthdate _____ Email _____

Please link this card to my:

Checking Account _____
for purchases and/or ATM use

Savings Account: _____
Optional - for ATM use only

Please Read Before Signing

By signing below, I (we) authorize a Mercantile Bancorp, Inc. affiliate bank to verify or obtain further information Bank may deem necessary concerning my (our) credit history. I (we) authorize you to make whatever credit and/or investigate inquiries deemed necessary in connection with this application and to exchange information with others regarding my (our) card transactions. If this application is approved and a Debit Card is issued, I (we) understand I (we) will receive a copy of the Bank's Electronic Funds Transfer Agreement and Disclosure and agree to abide by and be bound by its term. If I am (we are) not approved for the Debit Card, I (we) agree that this application will be considered an ATM card application and an ATM card may be issued to me (us).

Applicant Signature: _____ Date: _____

For Bank Use Only	Received By _____	
Card No. _____	Ordered By _____	Date _____
Date Processed _____	Limits: Daily _____ ATM _____	3-Day _____

Joint Account Owner Information

MasterMoney Card ATM Card Only

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Social Security Number _____ Birthdate _____ Email _____

Please link this card to my:

Checking Account _____
for purchases and/or ATM use

Savings Account _____
Optional - for ATM use only

Please Read Before Signing

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Joint Applicant Signature: _____ Date: _____

For Bank Use Only	Received By _____	
Card No. _____	Ordered By _____	Date _____
Date Processed _____	Limits: Daily _____ ATM _____	3-Day _____