

*(Complete this form and return to a First State Bank office for processing)*

# FIRST STATE BANK, BRITT & WODEN

## SHAZAMCHEK APPLICATION

PLEASE PRINT ALL REQUESTED INFORMATION BELOW:

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Last Name (Cardholder)	First Name	MI	Soc Sec No.	Birth date
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Last Name (Joint Cardholder)	First Name	MI	Soc Sec No.	Birth date
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Home Address

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City	State	Zip Code
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( )

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Home Phone Number/Cell Phone Number

Work Phone Number

This card should be linked to my Checking Account number as the primary account for SHAZAMChek purchases and ATM use: Checking account number \_\_\_\_\_

This card may be linked to my savings account number as a secondary account for ATM access only: Savings account number (optional) \_\_\_\_\_

### AUTHORIZATION

I APPLY FOR A SHAZAMChek to be used in conjunction with the account listed above. I agree that use of the SHAZAMChek card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that have been provided to me. I authorize First State Bank to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this SHAZAMChek card is not granted.

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Cardholder Signature

Date

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Joint Cardholder Signature

Date

#### FIRST STATE BANK USE ONLY

# OF CARDS ISSUED \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

DAILY LIMITS \_\_\_\_\_

OFFICER \_\_\_\_\_

ATM \_\_\_\_\_

POS \_\_\_\_\_

MERCHANT PURCHASES \_\_\_\_\_