



# SHAZAMCHEK APPLICATION

(PLEASE PRINT ALL INFORMATION BELOW)

**CARDHOLDER INFORMATION:**

**ADDITIONAL CARDHOLDER INFORMATION:**

Full Name \_\_\_\_\_

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

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

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

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

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

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Birth date \_\_\_\_\_

Birth date \_\_\_\_\_

This card should be linked to my checking account number for SHAZAMChek purchases and ATM use:  
Checking account number \_\_\_\_\_

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

## **AUTHORIZATION**

I/We apply for a SHAZAMChek to be used in conjunction with the account listed above. I/We agree that use of the SHAZAMChek card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and the electronic funds disclosure that have been provided to me/us. I/We authorize Readlyn Savings Bank to obtain a consumer credit report and to verify statements made in this application.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Cardholder Signature

\_\_\_\_\_  
Date

**READLY SAVINGS BANK USE ONLY**

Date Received \_\_\_\_\_

# of Cards Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Daily Limits \_\_\_\_\_

Officer \_\_\_\_\_

PIN REF# \_\_\_\_\_