



SHAZAMChek Debit Card APPLICATION FORM

CARDHOLDER INFORMATION:

Full Name _____

Home Address _____

P.O. Box _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____ ext. _____

Email _____

Social Security Number _____

Birth Date _____

ADDITIONAL CARDHOLDER INFORMATION:

Full Name _____

Home Address _____

P.O. Box _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____ ext. _____

Email _____

Social Security Number _____

Birth Date _____

Link card to my checking account number for SHAZAMChek purchases and ATM use:

Checking account number: _____

Link card to my savings account number for ATM access only:

Savings account number (optional): _____

AUTHORIZATION

I/We apply for a SHAZAMChek debit card 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

BANK USE ONLY:

Date Received _____

of Cards Issued _____

Expiration Date _____

Daily Limits _____

Officer _____

PIN REF# _____