

**APPLICATION FOR  
SHAZAM®CHEK CARD**

**APPLICANT**

Account Number(s) \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Employer \_\_\_\_\_

**CO-APPLICANT**

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

Mail or Deliver to: \_\_\_\_\_

**1ST STATE BANK OF MASON CITY**

123 WEST ELM ST., P.O. BOX 146  
MASON CITY, ILLINOIS 62664

**Official Use Only**

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

Approved (Y / N) \_\_\_\_\_

Processed By \_\_\_\_\_