

DEBIT CARD APPLICATION
First National Bank ~ Okawville, IL 62271

_____ SHAZAM Chek ® _____ Individual
_____ SHAZAM ® (ATM Access Only) _____ Joint

Your Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Your Soc. Sec. # _____

Your Date Of Birth _____

Checking Account # _____

Savings Account # _____

Joint Applicant's Name _____

Joint Applicant's Soc. Sec. # _____

Joint Applicant's Date Of Birth _____

By signing below, I/We agree to be bound by the terms and conditions of the debit card, and the electronic funds transfer disclosure, copies of which will be mailed to the applicant if a card is granted. Receipt of terms and conditions, and disclosures, and acceptance of such terms will be conclusively presumed by use of the card. If this is a joint application, the undersigned shall be jointly and severally liable for any and all debit card transactions. Both parties must sign if a joint account is desired.

Your signature _____

Date _____

Joint Applicant's Signature _____

Date _____

Bank Use Only:

Date Received _____

Approved By _____

Card # _____

Processed By _____

Date Processed _____