

Application for SHAZAM®Card

Please print and fill out this application and mail it to us at:

First State Bank

215 North Division, P.O. BOX 400

Stuart, Iowa 50250

Application for:

I'd like to apply for the following card(s):

SHAZAM®Card

SHAZAM®*Chek* Card

Applicant

Account Number(s) _____

Name _____

Address _____

City _____

State _____ Zip _____

Home Phone Number _____

Social Security Number _____

Date of Birth _____

Employer _____

Co-Applicant

Name _____

Address (if different) _____

City _____

State _____ Zip _____

Home Phone Number _____

Social Security Number _____

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 _____

Official Use Only

Date Received _____

Approved (Y/N) _____

Processed By _____