

SHAZAM Chek Card Application

1st State Bank of Mason City
123 West Elm Street
Mason City, Illinois 62664

APPLICANT

Account Number _____

Name _____

Address _____

City _____

State _____ **Zip** _____

Home Phone Number _____

Social Security Number _____

Date of Birth _____

Employer _____

CO-APPLICANT

Name _____

Address (If different from above) _____

City _____ **State** _____ **Zip** _____

Home Phone Number _____

Social Security Number _____

Date of Birth _____

Employer _____

Signatures: By signing below, the undersigned request (s) the described 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 W. Elm St.
Mason City, Illinois 62664