

USB Shazam CheckCard / ATM Card Application

Last Name, (Primary Card Holder) First Name MI Social Security Number Birthdate

Last Name, (Secondary Card Holder) First Name MI Social Security Number Birthdate

Street Address City State Zip Code

Home Phone Number Work Phone Number

Cell Phone Number

Initial here _____ Link this card to my checking account # _____ for purchases and ATM use.

Initial here _____ Link this card to my savings account # _____ for ATM access only.

Debit Card Type, if applicable (Circle One): USB Debit; Knox County Eagles Debit; Highland Cougars Debit;
_____ Palmyra Panthers Debit; _____North Shelby Raiders Debit; _____ South Shelby Cardinals Debit

Note: There is a \$5.00 fee per card if a School Spirit debit card is chosen. This fee will be donated to the school of choice.
Method of Payment (Circle one): Cash / Check / Deducted from account _____

EasyPin (Circle One): Yes No

The above information is submitted for the purpose of obtaining a USB Shazam CheckCard or ATM Card and is certified to be true and correct. I authorize United State Bank with whom the deposit accounts designated above are on deposit, to make whatever inquiries, credit or otherwise, that the Bank feels are necessary to evaluate my application. I agree that this application shall remain the property of the Bank whether or not the CheckCard or ATM Card is issued. If this application is accepted and the card is issued, I acknowledge and agree that I will be deemed to be in agreement with all the terms and conditions contained in the USB Shazam CheckCard holder agreement disclosure statement to be sent to me with the CheckCard and any future amendments of said agreement. I agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my CheckCard or ATM Card.

I understand if my CheckCard or ATM Card is damaged, lost or stolen, I may be required to pay a replacement fee of \$5.00.

I authorize the United State Bank to issue a CheckCard or ATM Card, as applicable, to access my account(s) and/or to make such service charges, as indicated above.

Primary Card Holder Signature

Secondary Card Holder Signature

06/30/2015

Request Taken By:

Today's Date

When you have completed this application in full, please take it to your nearest United State Bank Office, or mail to: United State Bank, ATTN: Cashier, PO Box 8, Lewistown MO 63452

Internal Use: _____ This request is to hot card current card and request a new card. If yes, the card number to be hot carded is _____.