



Flora Bank & Trust

Application for Shazam Chek / ATM Card

Primary Cardholder

Please print information below:

Last Name: _____

First Name: _____ Middle Initial: _____

Social Security Number (SSN): _____ Birthdate: _____

Home Phone Number: _____

Work Phone Number: _____

Address: _____

City, State, Zip Code: _____

Secondary Cardholder

Please print information below:

Last Name: _____

First Name: _____ Middle Initial: _____

Social Security Number (SSN): _____ Birthdate: _____

Home Phone Number: _____

Work Phone Number: _____

Address: _____

City, State, Zip Code: _____

This card should be linked to the following accounts:

Checking Account #: _____

Savings (for ATM use only): _____

I am requesting the following combined limits (total for ATM and Point of Sale (POS) transactions)

Daily: \$ _____ 3-Day: \$ _____

If my Shazam Chek/ATM card is damaged, lost or stolen, I will report it immediately and may be required to pay a replacement fee. I hereby receipt for disclosures associated with my card.

Primary Cardholder Signature

Date

Secondary Cardholder Signature

Date



Please Print Out and Return to Flora Bank & Trust