



Houghton State Bank

Member FDIC

SHAZAM® Chek Application

Please complete the following.

You will receive your new ShazamChek card by mail in approximately 2 weeks. You will receive your PIN (personal identification number) in the mail approximately 2 days after you receive your card.

FOR FINANCIAL INSTITUTION USE ONLY:

SHAZAM Chek Card Number

Number of Cards Ordered

Date Ordered

Approval

Applicant Name _____ Soc. Sec. No. _____ Birthdate _____
(Last) (First) (Middle Initial)

Co-Applicant Name _____ Soc. Sec. No. _____ Birthdate _____
(Last) (First) (Middle Initial)

Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Do you currently have a Houghton State Bank ATM card? _____ Yes _____ No

Please link my **SHAZAM®Chek** card to the following account:

Checking Account No. (For ATM access and purchases) _____

Savings Account No. (For ATM access only) _____

If my SHAZAMChek Card is damaged, lost or stolen, I may be required to pay a replacement fee of \$10.00.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

By signing this application, I/we authorize a consumer credit report and verify the accuracy of the statements in this application. Furthermore, I/we agree to be bound by the terms and conditions of the ATM card, and the electronic funds transfer disclosure. Receipt of terms and conditions, and disclosure, 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 ATM card transactions. Both parties must sign if a joint account is desired. The cardholder must return this card to the issuing financial institution upon demand.