

**GLADEWATER NATIONAL BANK  
SHAZAMchek® CARD APPLICATION**

APPLICANT				
LAST NAME	FIRST NAME	MIDDLE INITIAL	MOTHERS MAIDEN NAME (SECURITY PURPOSES)	
STREET ADDRESS	CITY	STATE	ZIP CODE	YEARS AT ADDRESS
BIRTH DATE	SOCIAL SECURITY NUMBER	HOME PHONE  (    )		

**ACCOUNT INFORMATION**

**CHECKING ACCOUNT NUMBER** \_\_\_\_\_

This card should be linked to my savings account number for ATM access only:

**SAVINGS ACCOUNT NUMBER (optional)** \_\_\_\_\_

NUMBER OF CARDS REQUESTED (EACH Cardholder Must be a Signer on Account)

Card #1 Name \_\_\_\_\_

Card #2 Name \_\_\_\_\_

**PREVIOUS BANK REFERENCE (New Checking Account Customers Only)**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

ACCOUNT INFORMATION		
NAME ON ACCOUNT	TYPE OF ACCOUNT	AVERAGE BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We understand that the use of any card issued in connection with this application shall be subject to the terms of the Cardholder Agreement which will be sent to me/us with such card. The individual applicant and the joint applicant will be liable for all charges incurred jointly and according to the Cardholder Agreement. By signing below I/we authorize you to check my/our credit history and to answer questions others may ask you about my/our credit record. If my/our SHAZAMChek card is damaged, lost or stolen, I/we will be charged a replacement fee equal to the charges billed by SHAZAM.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF CO-APPLICANT (if applicable)	DATE
_____	_____	_____	_____

BANK USE ONLY		
ShazamChek Card Number	Number of Cards Ordered	Expiration Date
Authorization Level	Employee Ordered	Date
Officer Approval	Employee Authorized	Date