AMERICAN SAVINGS BANK
SHAZAMChek Debit Card
Application Form

(PLEASE PRINT ALL INFORMATION BELOW)

CARDHOLDER INFORMATION:

Full Name _____

Home Address _____

P.O. Box _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____ext._____

Email _____

Social Security Number_____

Birth Date _____

ADDITIONAL CARDHOLDER INFORMATION:

Full Name _____

Home Address _____

P.O. Box _____

City _____

State _____ Zip Code _____

Home Phone _____

Cell Phone _____

Work Phone _____ext._____

Email _____

Social Security Number _____

Birth Date _____

□ Link card to my checking account number <u>for SHAZAMChek purchases and ATM use</u>:

Checking account number: _____

□ Link card to my savings account number <u>for ATM access only</u>:

Savings account number (optional): _____

AUTHORIZATION

I/We apply for a SHAZAMChek debit card to be used in conjunction with the account listed above. I/We agree that use of the SHAZAMChek card will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and the electronic funds disclosure that have been provided to me/us. I/We authorize American Savings Bank to obtain a consumer credit report and to verify statements made in this application.

_____ _____

Cardholder Signature Date Additional Cardholder Signature Date

AMERICAN SAVINGS BANK USE ONLY:

Date Received _____ Daily Limits _____

# of Cards Issued _____ Officer _____

Expiration Date _____ PIN REF# _____