

FIRST COMMUNITY BANK DEBIT CARD APPLICATION

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

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

Physical Address _____ Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone or Work Phone () _____

Please link my SHAZAM Check Card to the following account:

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

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

By signing this application, I/we authorize a consumer credit report and verify the statement in this application. Furthermore, I/we agree to be bound by the terms of the debit card and the electronic funds transfer disclosure, copies of which will be mailed to the applicant if a card is granted. Receipt of terms and conditions, a disclosure, and acceptance of such terms will be conclusively presumed by use of the cards. If this is a joint application, the undersigned shall be jointly and severally liable for any and all debit card transactions. Both parties must sign if a joint account is desired. For information call 712-272-3321 or 1-800-822-5816.