

# FIRST COMMUNITY BANK DEBIT CARD APPLICATION

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

**Please link my SHAZAM Check card to the following account:**

Checking Account No. (For ATM access and purchases) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, I authorize a consumer credit report and verify the statement in this application. Furthermore, I 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 an acceptance of such terms will be conclusively presumed by use of the card.