

Checkmate 2000/Presto! ATM Card Application

Date _____ Hire Date _____ Store _____

Please complete application carefully. We will be unable to process incomplete applications and will return them for completion. If you are 16 years of age and qualify for the CheckMate 2000 Check card, one will be issued to you, unless you check the box below. If you do not qualify for the CheckMate 2000 Check card, a Presto! ATM card will be issued. By completing this application, you give us permission to inquire into your credit history and agree to be bound by the terms and conditions of the agreement that will accompany your card.

Name _____ Credit Union Account # _____

Street Address _____ City _____ State _____ ZIP _____

Mailing Address (if different) _____ City _____ State _____ ZIP _____

Employer _____ Home Phone (____) _____ Work Phone (____) _____

Driver's License # _____ Date of Birth _____ Member's Soc. Sec. # _____

Joint Owner's Name _____ Joint Owner's Soc. Sec. # _____

Joint Owner's Employer _____ Home Phone (____) _____ Work Phone (____) _____

Signature of Member

Signature of Joint Owner

Select One: I have an individual account. Only one card will be issued.

I have a joint account.

Please send only one card

Please send two cards

OFFICE USE ONLY

Date card(s) ordered _____ by _____ Date card(s) activated _____ by _____

CIF/PAN # _____

GOVERNING LAW: I agree that this agreement shall be governed by the laws of the States of FL, GA, AL and SC and applicable Federal law, that venue for all legal proceeding shall be in Polk County, FL or Gwinnett County, GA, and to pay all collection costs, including attorney fees, court costs, and future interest as required by law. I understand I will receive a complete disclosure of terms and conditions associated with the CheckMate 2000 or Presto! ATM when I receive my card. I understand I must qualify to receive a CheckMate 2000 or Presto! ATM card.