



Date: \_\_\_\_\_

# “Quick Check” Application

121 S Pennsylvania St  
Chrisman, Illinois 61924  
(217) 269-2339

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street (or 911) Address: \_\_\_\_\_

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

Primary Ph #: \_\_\_\_\_ Secondary Ph #: \_\_\_\_\_

New Account: \_\_\_\_\_ Existing Account: \_\_\_\_\_

Deduct my “Quick Check” card purchases & withdrawals from checking acct #: \_\_\_\_\_

Deduct my “Quick Check” withdrawals from savings acct #: \_\_\_\_\_

*If my “Quick Check” card is damaged, lost, or stolen, I/we may be required to pay a replacement fee of \$10.00 (Ten dollars).*

Hot card old card?  Yes  No Number \_\_\_\_\_

If Hot Carded why? \_\_\_\_\_ Do we need to charge \$15.00? \_\_\_\_\_

Maintenance done in Precision \_\_\_\_\_ Hot Card in Shazam \_\_\_\_\_

Delete Accounts from Card in Precision \_\_\_\_\_ Delete card in Shazam \_\_\_\_\_

*By signing this application, I/we authorize a consumer credit report and verify the statements in this application. Furthermore, I/we agree to be bound by the terms and conditions of the debit card including any fees and charges and the electronic funds transfer brochure, copies of which will be mailed to the applicant(s) if a card is granted. Receipt of terms and conditions, and disclosure, and acceptance of such terms will be conclusively presumed by the use of the card. 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.*

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Card Number: -		
<i>Number of cards ordered</i>	<i>Expiration date</i>	<i>Reissue months</i>
LIMITS: Total Daily _____ Daily ATM _____ Three day ATM _____		
Date ordered _____		Order input by _____

User Name: **renda** \_\_\_\_\_