Ozarks Federal
SAVINGS AND LOAN ASSOCIATION

Ozarks CheckCard Application

Primary Cardholder:

_____
Last Name First Name MI

_____ _____
Social Security No. Birthdate

_____
Employer Name & Address

_____
Length of Employment

Secondary Cardholder:

_____
Last Name First Name MI

_____ _____
Social Security No. Birthdate

_____
Employer Name & Address

_____
Length of Employment

_____
Current Street Address City State Zip Code

_____ ☐ ☐ _____
Length of Time at Current Address Own Rent Home Phone Number

☐ Link this card to my checking account #_____ for purchases and ATM use.

☐ Link this card to my checking account #_____ for ATM access only.

The above information is submitted for the purpose of obtaining an Ozarks CheckCard or ATM Card (Card) with Ozarks Federal Savings & Loan Association and is certified to be true and correct. I authorize Ozarks Federal Savings & Loan Association with whom the deposit accounts designated above are on deposit to make whatever inquiries, credit or otherwise, that they feel necessary to evaluate my application. I agree that this application shall remain the property of Ozarks Federal Savings & Loan Association whether or not the Card is issued. I acknowledge and agree that I will be deemed to be in agreement with all the terms and conditions contained in this application and the Ozarks Federal Savings & Loan Association Electronic Funds Transfer Agreement & Disclosure Statement and any future amendments of said agreement. I agree to be liable for all transactions of any kind performed by anyone to whom I entrust my Card.

I understand if my Card is damaged, lost or stolen, I may be required to pay a replacement fee of $5.00. I authorize Ozarks Federal Savings & Loan Association to access my account and /or to make such service charge, as indicated above.

_____
Primary Cardholder Signature Secondary Cardholder Signature Date

For office use only:

Approved for: ☐ Debit & ATM use ☐ ATM use only ☐ Declined

Approved/Declined by_____ _____ Date_____

To apply for an Ozarks CheckCard, bring or mail this completed application to any of our office locations.

Mw:\debit card application