ELAN CHECKCARD℠ REQUEST

name | area code/home phone ( ) | social security no. | date of birth / /

second name if joint account or marital account | social security no.

home address | city | state | zip code | how long

employer | position | how long

former address (if less than 2 years at present address) | city | state | zip code

your financial institution | checking account no. | MasterCard or Visa credit card account no.

I would like one card issued in my name only ☐

I would like two cards, one issued in my name and one in the name of the person signing below. Both of us will be using the account. ☐

To assist in the recovery of your card if it is lost or stolen, please provide the following information:
your mother's maiden name | your employer's phone no. ( )

The undersigned give this information to obtain an Elan CheckCard card. I/We certify this information is true and complete, and authorize you to verify it, obtain more information on our financial responsibility, and furnish the same to others. I/We agree to use the Elan CheckCard card (if issued) according to the rules you provide.

signature | today's date / / | signature of second account holder (if joint or marital account) | today's date / /

for financial institution's use only (MasterCard)

DDA no. | daily uses no. | daily $ amount

savings no. | today's date

LOC code | ABA no. | official signature