



# ADVANTAGE CHECK CARD APPLICATION

## APPLICANT

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

Customer Name:	Last 4 of Social:	Primary Telephone:	
Address:	City:	State:	ZIP:

## ACCOUNT NUMBER(S)      CARD TYPE(S)

List account number(s) that will be associated with your Advantage Check Card. The primary (P) account listed will be the account charged for any point-of-sale (POS) transactions authorized by using this card.

Standard EMV MasterCard  
 Custom MasterCard - \$10 Gallery number: \_\_\_\_\_  
 Customer will upload to website

Checking: (P):	Linked Acct:	Linked Acct:	Linked Acct:	Linked Acct:
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Savings: \_\_\_\_\_

Other Requests/Notes: \_\_\_\_\_

## SIGNATURE

This information is given to obtain the SOUTHSIDE BANK ADVANTAGE CHECK CARD and is true and complete. I authorize you to verify the information contained on this application and to obtain further information from a consumer credit report to assist in the review process. When I or someone I authorize uses the card, I agree to the terms and conditions of the agreement that governs the use of the ADVANTAGE CHECK CARD. I will receive a copy of the agreement when I receive my card. I understand that Southside Bank may assess service charges for the privilege of having an ADVANTAGE CHECK CARD. \$1 Monthly Service Fee for non-usage applies. **There will be a \$10.00 re-issue fee charged to the primary account for lost cards.**

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

**FOR FINANCIAL INSTITUTION USE ONLY**

Quick Card Number (last 8 digits on the card - <b>DO NOT INCLUDE PIN</b> )		Expiration Date (MM/YY)	
Customer Verified by (DL, Passport)	Assoc. Initials/ID	Branch #	CIF#
Quick card issue for lost card? Yes <input type="checkbox"/> No <input type="checkbox"/>			