

APPLICATION CHECKCARD

By my signature below, I am requesting a Post Oak Bank CheckCard. I understand that my CheckCard will allow access to my bank accounts listed below. I understand to memorize my Personal Identification Number (PIN) and not to write (PIN) where it can be stolen or lost with my CheckCard. I have received a copy of the liability disclosures concerning the use of my CheckCard. The bank may obtain a current credit report upon receipt of this application. I agree to abide by the regulations, terms and conditions established by Post Oak Bank as related to the use of the CheckCard.

Name of Applicant

Name of Co-Applicant

Address

City

State

Zip Code

Home Phone Number

Work Phone Number

Employer Name

Social Security Number

Checking Account Number

Savings Account Number

Signature of Applicant

Date

Signature of Co-Applicant

Date