



SOVEREIGN CHECKCARD APPLICATION

Please provide the following information. This application can only be processed with your signature in place. Please print the application, complete the form, sign it and mail it to:

Sovereign Bank Internet Application Team
Mail Code: RI1-EPV-02-18
1 Sovereign Way
East Providence, RI 02915

Applicant Personal Information

For the applicant, we ask for this information so we can get in touch with you regarding your application.

Application For Sovereign CheckCard ATM Card Only

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Work Telephone Number: _____

E-mail (optional): _____

Social Security Number: _____ - _____ - _____ Male Female

Account Information

Please list the checking and savings account numbers that you want attached to your card below, beginning with your primary checking and savings accounts.

Account Type:	Checking	Savings
Account Numbers	1* _____	1 _____
	2 _____	2 _____
	3 _____	

*The amounts of your purchases are deducted from this account.

Applicant Signature **X** _____ Date _____