



iCareCard Enrollment

First Name: Marie MI: M Last Name: Swanson

Address Line 1: 127 Clark St.

Line 2:

City: Des Moines State: Iowa Zip: 50309

Phone: 515-246-5467 Email Address: MarieS02@aol.com Verify Email: MarieS02@aol.com

Date of Birth: 07/17/1982 Social Security Number: 655-54-3423

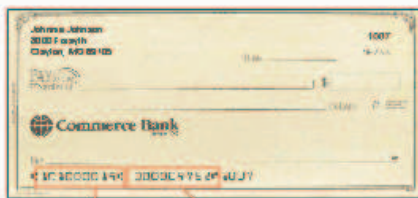
How will you load money onto your card? From my checking account From a third party payer organization

Checking Account Information

Bank Routing Number: 073922506

Account Number: 575100054

Fund my card account to 200.00 whenever the Account balance falls below 150.00



Routing Number Account Number

Account Transaction Limit Settings

	Daily	Weekly
ATM Limit:	200.00	500.00
POS Limit:	200.00	500.00

Charities

First Charity: Habitat for Humanity

Second Charity: Select a Charity

Cardholder Disclosure Agreement

By pressing the Proceed button I acknowledge that upon verification of my personal identification I will be issued a Debit Card by Cedar Rapids Bank & Trust, pursuant to a license with Visa USA. The account will be funded by the amount indicated by me and those funds plus the enrollment fee will be deducted from the account which I provided during this application. I certify under penalty of perjury the accuracy of the information provided in this application, that I am not subject to backup withholding, that I am a U.S. person (including a U.S. resident alien), and I agree to be subject to the terms and conditions of the [Cardholder Disclosure Agreement](#).

Proceed