TOM THUMB REWARD CARD APPLICATION

PLEASE COMPLETE AND SIGN THIS APPLICATION TO JOIN THE TOM THUMB REWARD CLUB. PRINT CLEARLY IN BLACK OR BLUE INK.

NEW CARD APPLICATION

- ☐ New Member *(please complete Section 1 only)*
- ☐ New Member with Tom Thumb SMARTCHECK *(please complete Sections 1 and 2A)*
- ☐ New Member with Tom Thumb Payroll Check Cashing Privileges *(please complete Sections 1 and 2B)*

Internal Use - Place Card # Sticker Here

Store Use Only
Store#
ID verified by: _____

CHANGES TO EXISTING CARD ACCOUNT

- ☐ Replacement Card *(please complete Section 1)*
- ☐ Name/Address/Phone Update *(please complete Section 1)*
- ☐ Add Tom Thumb SMARTCHECK *(please complete Sections 1 and 2A)*
- ☐ Add Tom Thumb Payroll Check Cashing Privileges *(please complete Sections 1 and 2B)*
- ☒ Add **Good Neighbor Program #1373 - W. T. White H.S.**

Current Card number and new Card number required to link cards and members of your household and maintain continuity in promotions.

- ☐ Bank or Driver's License Change Information for Tom Thumb SMARTCHECK Member *(please tape a new voided check below, and complete Sections 1 and 2A)*
- ☐ Airline Mileage Program Account Number
- ☐ Other

Current Club Card Number Required

New Club Card Number Required

TOM THUMB REWARD CARD CUSTOMER AGREEMENT STATEMENT

We respect your privacy. Tom Thumb does not sell or lease personally identifying information (i.e., your name, address, telephone number, and bank and credit card account numbers) to *non-affiliated* companies or entities. We do record information regarding the purchases made with your Tom Thumb Reward Card to help us provide you with special offers and other information. Tom Thumb also may use this information to provide you with *personally tailored* coupons, offers or other information that may be provided to Tom Thumb by other companies. If you do not wish to receive personally tailored coupons, offers or other information, please check the box below. Must be at least 18 years of age.

☐ Check this box only if you DO NOT wish to receive personally tailored coupons or offers from Tom Thumb. By checking this box, you will not be eligible to receive any special offers for which you might otherwise qualify for through your use of your Tom Thumb Reward Card.

Applicant's Signature (must be signed to be valid) _____ Date _____

TOM THUMB SMARTCHECK™ CUSTOMER AGREEMENT STATEMENT

By signing this application/agreement and later using (or authorizing another person to use) my Tom Thumb Reward Card at Tom Thumb retail stores, I agree to be obligated by the terms and conditions as set forth in the agreement which will be issued upon approval of this application. I authorize Tom Thumb, its affiliates and subsidiaries to electronically debit the checking account identified here, or if appropriate, to credit that account, to pay for purchases made and/or cash received using Tom Thumb SMARTCHECK and my Tom Thumb Reward Card. I understand that the origination of such transactions from my account must comply with the provisions of U.S. law. The authorization to complete transactions hereunder will remain in full force and effect until Tom Thumb receives written notification from me of its termination in such time and manner as to afford it and my bank a reasonable opportunity to act on it. I hereby represent and warrant that I have authority to make withdrawals from, and to otherwise bind, this checking account. In the event my bank denies and returns any electronic check to Tom Thumb, I authorize Tom Thumb to electronically re-present my check for both the electronic check amount AND any returned check fee or electronic fund transfer fee as allowed by state law.

Applicant's Signature (must be signed to be valid) _____ Date _____

SECTION 1 - Tom Thumb Reward Card

Must be 18 years or older
Incomplete information may result in loss of sweepstakes prize or other offers

Last Name* _____ First Name* _____ M.I. _____

Street Address* _____ Apt# _____

City _____ State _____ Zip Code* _____ - _____

Birthdate (month/day/year) ___ - ___ - ___ E-Mail address _____

Home Phone ___ - ___ - ____

If you forget to bring your Tom Thumb Reward Card with you, we can link your purchases to your Tom Thumb Reward Card after entering your home phone number into the system.

**Required Information*

SECTION 2A - Tom Thumb SMARTCHECK

Must be 18 years or older

INTRODUCING Tom Thumb SMART CHECK™

Now, link your Tom Thumb Reward Card and your personal checking account in one convenient Card!

TOM THUMB SMARTCHECK INSTRUCTIONS:

To obtain Tom Thumb SMARTCHECK, you must tape your current pre-printed, VOIDED check below. This check will identify the checking account from and to which electronic payments and/or refunds will be made. Upon approval, you will receive a letter in the mail notifying you when your Card is ready for Tom Thumb SMARTCHECK activation. Bring in your confirmation letter and your Driver's License or State I.D. Card to select your Personal Identification Number (PIN) and activate Tom Thumb SMARTCHECK.

- **To pay for groceries using Tom Thumb SMARTCHECK, you MUST use your Reward Card at checkout.**
- **Phone number will not activate Tom Thumb SMARTCHECK.**
- **Allow four to six weeks for application processing. One card per customer.**

IMPORTANT NOTE: A complete updated form is required for any future bank account and/or routing changes. Returned checks, along with the returned check or electronic fund transfer fees, may be electronically presented to your bank.

Driver's License Number or State I.D. Number _____ State Issued _____

Home Phone ___ - ___ - ____ Social Security Number ___ - ___ - ____

Mary Jones
1973 Oak Street 555-6789
Anytown, California 91776

NO. 90-1765/1222

19____

PAY TO THE ORDER OF _____ $ _____

_____ DOLLARS

VOID

WEST CITY BRANCH
1056 West Blvd.
West City, California
Bank of Money

PLEASE TAPE CHECK HERE. DO NOT STAPLE. DO NOT SUBMIT A DEPOSIT SLIP.

SECTION 2B - Tom Thumb Payroll Check Cashing Instructions

Must be 18 years or older

- Must present Check and current Driver's License or State I.D. Card

Your Employer/Pension Provider _____ Employer's Phone ___ - ___ - ____ Social Security Number ___ - ___ - ____

Driver's License Number or State I.D. Number _____ State Issued _____

LIMIT REQUESTED ☐ Payroll $ _____