



FCS FINANCIAL

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As a required part of your application, please write and sign your name below, as well as the date, and have your parent(s) or legal guardian(s) write, sign and date.

Please return completed authorization form by March 1 to: *FCS Financial, Attn: Marketing Dept., 1934 E. Miller St., Jefferson City, MO 65101 or fax to 888-689-2050.*

Printed Name of Applicant

Signature of Applicant

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date