

**REWARDS REDEMPTION AUTHORIZATION FORM
FOR UCHOOSE REWARDS PROGRAM
SNB Business CheckCard**

Account name: _____
(Please Print)

YES! I would like to designate myself as an authorized person to redeem rewards points for this account.

Name as it appears on card _____
(Please Print)

Card number (last 4 digits) _____

I also name the following cardholders to be authorized to redeem rewards points.

1. Name as it appears on card _____
(Please Print)

Card number (last 4 digits) _____

2. Name as it appears on card _____
(Please Print)

Card number (last 4 digits) _____

Signature, Business Owner

Date

Please mail form to:
SNB
Attn: UChoose
P.O. Box 1988
Stillwater, OK 74076

or fax form to:
405.742.1316

or scan and email form to:
SNBUCHOOSE@banksnb.com