

Barre Savings Bank

MasterMoney™ Debit MasterCard® and ATM Card Application

I'd like to apply for the following card:

Debit MasterCard

ATM Card

Please print clearly.

APPLICANT

Name _____ Soc. Sec. # _____ D.O.B. _____

Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Employer _____

CO-APPLICANT

Name _____ Soc. Sec. # _____ D.O.B. _____

Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone Number _____ Employer _____

I wish to access these accounts:

Primary Checking Acct # _____ Secondary Checking Acct # _____
Title _____

Primary Savings Acct # _____ Secondary Savings Acct # _____
Title _____

Authorizations: By signing below, I am applying for a Barre Savings Bank MasterMoney™ Debit MasterCard® or ATM Card. I understand this MasterMoney™ Debit MasterCard® is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Barre Savings Bank primary checking account only. I authorize Barre Savings Bank to verify the information provided above and to request a credit report if necessary. The Barre Savings Bank MasterMoney™ Debit MasterCard® is available for qualified customers only. Other requirements apply. If I am not approved for a MasterMoney™ Debit MasterCard®, I may be issued a Barre Savings Bank ATM Card if I do not already have one. I agree to be bound by the terms and conditions for MasterMoney™ Debit MasterCard®/ATM cards as set by Barre Savings Bank.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

I will be responsible for all transactions regarding the above - referenced account(s). _____

Parent/Guardian Signature _____ Date _____

Official Use Only	Date received _____
	Approved (Y/N) _____
	Processed By _____