

CARD APPLICATION

Automated Teller (ATM) Debit



BARRE SAVINGS BANK
Serving the region since 1869

Name and Address of Financial Institution

Barre Savings Bank
56 Common Street
PO Box 940
Barre, MA 01005-0940
978 355-4693

Words or phrases preceded by a are only applicable if the is checked.

Request for: New Card Replacement Card Change in Access PIN Maintenance

Account Title and Address

Cardholder Information

Address:

Title/Capacity:
Residence Phone:

Date of Birth:
Tax ID Number:
Employer:

Authorization Limits:

ATM withdrawal/ATM: \$ per ;
 ATM withdrawal/Debit: \$ per ;
 Point of Sale (with PIN): \$ per ;
 Point of Sale (PIN-less): \$ per ;
 Cash Advances from Line of Credit

Card Information

Card Number:
Issue Date:
Expiration Date:
Date Ordered:
Date Mailed:

Accessible Accounts

Checking: 0

Savings: 0

Loan:
Credit Card:

Link Accounts: Yes No
Deposits Only Balance Inquiry

transactions per
transactions per
transactions per
transactions per

Cardholder Information

Address:

Title/Capacity:
Residence Phone:

Date of Birth:
Tax ID Number:
Employer:

Card Information

Card Number:
Issue Date:
Expiration Date:
Date Ordered:
Date Mailed:

Accessible Accounts

Checking:

Savings:

Loan:
Credit Card:

Allow Transfers Between Accounts: Yes No

Authorization Limits:

<input type="checkbox"/> ATM withdrawal/ATM: \$	per	:	transactions per
<input type="checkbox"/> ATM withdrawal/Debit: \$	per	:	transactions per
<input type="checkbox"/> Point of Sale (with PIN): \$	per	:	transactions per
<input type="checkbox"/> Point of Sale (PIN-less): \$	per	:	transactions per
Cash Advances from Line of Credit:			
		Deposits Only	Balance Inquiry

Additional Notes:

Definitions. The terms "I" and "my" refer to the Cardholder(s), and the terms "you" and "your" refer to the Financial Institution.

I may terminate the Agreement at any time by providing written notice and surrendering all cards. The Card remains your property and you have the right to refuse to issue the Card or to revoke the Card at anytime with or without cause or notice. I must surrender a revoked card to you upon demand or upon knowledge of its revocation and I must not use an expired or revoked card.

Access Authorization for Overdraft Protection. By checking this box, I authorize that my overdraft line of credit will be accessed through my checking account, # 0 , card transactions.

Truth in Lending Disclosure. I may be liable for the unauthorized use by Cardholder(s) to access my line of credit.

Acknowledgment. I have applied for the card services noted above. I acknowledge receipt of a copy of the Electronic Fund Transfer Disclosure and this Application, and I agree to be bound by their terms. I further authorize you to make inquiries from any consumer reporting agency, including a check protection service, in connection with this request.

X

Date

X

Date

Authorized by:

X

Date