

For Automated Teller (ATM) and Debit Cards



Name and Address of Financial Institution

Conneaut Savings Bank
305 MAIN STREET

CONNEAUT, OH 44030-0000
(440)599-8121

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:

Check when address change within 60 days of application.

Title/Capacity:

Residence Phone:

Work Phone:

D.O.B.:

T.I.N.:

ID Verification:

Employer:

Authorization Limits:

Card Information Debit ATM

Card Number:

Issue Date:

Expiration Date:

Date Ordered:

Date Mailed:

Accessible Accounts

Checking:

Savings:

Loan:

Credit Card:

Make Deposits Balance Inquiry

Transfers Between Accounts

Cardholder Information

Address:

Check when address change within 60 days of application.

Title/Capacity:

Residence Phone:

Work Phone:

D.O.B.:

T.I.N.:

ID Verification:

Employer:

Authorization Limits:

Card Information Debit ATM

Card Number:

Issue Date:

Expiration Date:

Date Ordered:

Date Mailed:

Accessible Accounts

Checking:

Savings:

Loan:

Credit Card:

Make Deposits Balance Inquiry

Transfers Between Accounts

Additional Notes:

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

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

Truth in Lending Disclosure. I may be liable for the unauthorized use by Cardholder(s) to access my line of credit. I understand that I must refer to my Line of Credit Agreement for disclosures related to my liability for unauthorized use.

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