

ATM and Debit Card Application

Customer Information

Name:		Home Phone #:	
Address:		Business Phone #:	
		Social Security #:	
		Date of Birth:	

Card Type:	<input type="checkbox"/> Debit Card – Style 1 <input type="checkbox"/> Debit Card – Style 3 <input type="checkbox"/> HSA Card – Style 2 <input type="checkbox"/> ATM
Embossed Name One:	
Embossed Name Two:	

Account Type	Account Number	Account Name
Checking Accounts:		Primary/Fast Funding
Savings Accounts:		

AUTHORIZATION TO PAY OVERDRAFTS ON MY ATM AND EVERYDAY DEBIT CARD TRANSACTIONS

- OPT-IN:** I authorize The Commercial & Savings Bank to pay overdrafts on my ATM and everyday debit card transactions with respect to the account(s) identified above. I understand I will be charged the standard non-sufficient funds fee for each item presented against a non-sufficient funds balance in my account.
- OPT-OUT:** I do not authorize The Commercial & Savings Bank to pay overdrafts on my ATM and everyday debit card transaction with respect to the account(s) list above.

Card Authorizations ONLY

By signing below, I am applying for a Commercial & Savings Bank ATM or Debit Card. I understand that this is not a credit card and that the dollar amount of the purchases made with an everyday debit card will be deducted from my Commercial and Savings Bank primary checking account. I authorize The Commercial & Savings Bank to verify the information provided above and to request a credit report if necessary. The Commercial & Savings Bank ATM and Debit cards are available for qualified customers only. Other requirements may apply. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statements and Card Holder Agreements. By signing below, the undersigned request (s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree (s) that all information is accurate.

Signature:		Date:	
Name:			

INTERNAL USE ONLY | INTERNAL USE ONLY | INTERNAL USE ONLY | INTERNAL USE ONLY | INTERNAL USE ONLY | INTERNAL USE ONLY

Banking Center:		CIF #:		Card #:	
ARS:				Date:	
Approved By:				Date:	

Member FDIC