

## **Consumer Overdraft Protection Application**

Account Information								
Checking Account #:			Type of Account:	☐ Individual	☐ Joint			
Amount Requested:								
Customer Information								
Name:				SS #:				
Date of Birth:				Phone #:				
Current Address:				Length of Residence:				
City:		State:		Zip Code:				
Home Is:	☐ Owned ☐ R	ented		Dependents:				
Previous Address:				Length of Residence:				
City:		State:		Zip Code:				
		Present Em	ıployer					
Employer:								
Position:				Phone #:				
Address:								
City:		State:		Zip Code:				
Length of Employment:				Monthly Salary:				
				Other Income:				
	pport or separate maintenance inc		ed if you do not	Other Income Source:				
wish to have it considered as	a basis for repaying this obligation	n.		Monthly Income:				
		Previous Emp	lovment:					
Employer:	Length of Employment:							
Address:								
City:	State:			Zip Code:				
•	Lip couc.							
Nearest Relative (Not living with you)								
Name:		(***	- · · · · · · · · · · · · · · · · · · ·	Phone #:				
Address:			Re	ationship to Applicant:				
City:	State:			Zip Code:				
•			l	<u> </u>				
	Complete Inform	ation on Joint Accou	unt Only if Joint Acc	ount Desired				
Complete Information on Joint Account Only if Joint Account Desired  Joint Account/Co-Applicant's Signature Required on Application								
Name of Co-Applicant:				lationship to Applicant:				
Phone #:		Date of Birth:		SS #:				
Address:			<u>l</u>	<u> </u>				
City:		State:		Zip Code:				
Employer:			<u>l</u>					
Position:				Phone #:				
Address:				1				
City:		State:		Zip Code:				
Length of Employment:		1	1	Monthly Salary:				
Other Income:								
Alimony, child support, or support or separate maintenance income need not be disclosed if you do not				Other Income Source:				
wish to have it considered as a basis for repaying this obligation.			Monthly Income:					
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Additional Financial Institution Information  Complete Following Information for All Applicants							
Bank Name:							
Account Type(s):	☐ Savings Accoun	t $\square$ Checking	Account	Loan	Account		
Account Number(s):							
Have either of you ever filed for bankruptcy?							
Creditor Name and Address  All debits or obligations (if insufficient space, attach additional sheet)						g Monthly Payment	
Mortgagee or Landlord:							
Alimony, Child Support, Etc	<u>.</u>						
Credit Cards:							
NOTICE TO ALL OHIO RESIDENTS: "THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY CUSTOMERS THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW." Also, you are requesting a loan under this plan whenever you: Write a check or other transaction which brings your transaction account balance below the triggering balance as set forth in the loan agreement; or request in person or by phone a withdrawal which brings your transaction account balance below the triggering balance set forth in the loan agreement.  I (We) make application to The Commercial and Savings Bank for Checking Overdraft Protection issued as a result of this application. If this application is accepted and Overdraft Protection issued, the undersigned applicant and joint application, if any, by signing, using or permitting another to use the Overdraft Protection agree(s) that the applicant and joint applicant, if any, will be bound by the terms and conditions of the Overdraft Protection Agreement and Customer Payment Schedule. Everything that I (we) have stated in this application is correct to the best of my (our) knowledge. I (We) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer questions about your credit experience with me (us). I (We) understand that a periodic membership fee may be assessed. This application is true to the best of my (our) knowledge.							
Applicant's Signature:	a may be assessed. This a	pprediction is true to the best	or my toury knowled	<b>2</b> 60.	Date:		
Co-Applicant's Signature:					Date:		
INTERNAL USE ONLY							
INTERNAL USE ONLY   Amount Approved: \$	INTERNAL USE ONLY	Approved By:	I INTERNAL USE	ONLY   INTERM	Date:	LY   INTERNAL USE ONLY	

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Member FDIC Rev: 2/19







PERSONAL OVERDRAFT PROTECTION						
Please review the following terms and conditions for Overdraft Protection. Print these terms and conditions and retain a copy for your future reference.						
Annual Percentage Rate	16.9% FIXED					
Grace Period	None					
Payment Due Date	24 Days After Checking Account Statement Due Date					
Method for determining the balance on which the finance charge will be computed	Daily Balance Method					
Annual Membership Fee	\$25.00					
Minimum Finance Charge	None					
Transaction Fee	None					

The information about the costs of Overdraft Protection described in this table is accurate as of February 4, 2019 when it was created. This information may have changed after that date. Please contact us to determine the current rates, terms and conditions for this plan by writing or calling us at:

The Commercial & Savings Bank P.O. Box 232 Millersburg, Ohio 44654 330.674.9015 or 800.654.9015

Upon receipt of your completed application and approval through normal credit requirements, you will be contacted for arrangements to sign your note for Overdraft Protection.

All loans are subject to credit approval.

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