



The Commercial & Savings Bank

Business Overdraft Protection Application

Account Information

Checking Account #:	
Amount Requested:	

Business Information

Company Name:		Year Business Established:	
Address:		Nature of Business:	
City:	State:	Tax ID #:	
Zip Code:	Phone #:	Number of Employees:	
Type of Organization:	<input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Partnership/Joint Venture <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Proprietorship		

Additional Financial Institution Information

Bank Name:			
Address:			
City:	State:	Zip Code:	
Account Type(s):	<input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account <input type="checkbox"/> Loan Account		
Account Number(s):			
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Creditor Name and Address

All debits or obligations (if insufficient space, attach additional sheet)

Balance Owning

Monthly Payment

Creditor Name and Address	Balance Owning	Monthly Payment

The undersigned Company, by its authorized officer(s), makes applications to The Commercial & Savings Bank for Checking Overdraft Protection as a result of this application. If this application is accepted and Overdraft Protection is issued, the undersigned Company, by its authorized officer(s) signing, using, or permitting another to use the Overdraft Protection agrees that the Company will be bound by the terms and conditions of the Business Overdraft Protection Agreement and Customer Payment Schedule. The undersigned Company, by its authorized officer(s), certifies that all the information provided herein and in financial statements submitted herewith is true and correct, and that it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts on this application. Refer to opposite side of application for disclosure of rate and fees.

Signature and Title of Approving Corporate Officer:			
Printed Name and Title of Approving Corporate Officer:			
Signature of Corporate Officer as Individual:		Date:	
Signature and Title of Approving Corporate Officer:			
Printed Name and Title of Approving Corporate Officer:			
Signature of Corporate Officer as Individual:		Date:	

Corporate/LLC/Partnership Applicants: Please sign in a manner consistent with your applicable borrowing resolution.
PLEASE SUBMIT CURRENT FINANCIAL STATEMENT AND CORPORATE RESOLUTION, IF APPLICABLE, WITH THIS APPLICATION.

INTERNAL USE ONLY | INTERNAL USE ONLY

Amount Approved: \$	Approved By:	Date:
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BUSINESS 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	15 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	\$50.00
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.

