



# The Commercial & Savings Bank

## Business Debit Card Application

Business Info	
Business Name:	
Address:	
Business Phone #:	
Tax ID #:	
Account #:	

Additional Authorized Card Holders			
Name:		Name:	
Date of Birth:		Date of Birth:	
Social Security #:		Social Security #:	
Driver's License #:		Driver's License #:	
Debit Card #:		Debit Card #:	
Name:		Name:	
Date of Birth:		Date of Birth:	
Social Security #:		Social Security #:	
Driver's License #:		Driver's License #:	
Debit Card #:		Debit Card #:	

**AUTHORIZATIONS:** By signing below, I am applying for THE COMMERCIAL AND SAVINGS BANK (CSB) VISA Business Check Card. I understand this debit card is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my CSB primary checking account only. If a second account number is listed, I understand this account will be available for cash withdrawals at an ATM only. I authorize CSB to verify information provided above and to request a credit report if necessary. The CSB VISA Business Check Card is available for qualified customers meeting CSB's approval guidelines. Other requirements may apply. I agree to be bound by the terms and conditions for VISA Business Check Cards as set by the CSB Cardholder Agreement.

**CHANGES IN AUTHORIZED USERS:** VISA Business Check Cards are issued for use by an assigned individual authorized by the company or organization. You agree to obtain the card from the assigned individual and notify us in writing if the individual is no longer authorized to use the card. The company or organization shall be liable for any authorized or unauthorized use of the card by officers, employees and affiliates of the company or organization. Notification shall be made by a person(s) who is/are duly authorized to act on behalf of the organization.

I/we agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder agreement.

_____	_____	Date: _____
Authorized Signer's Printed Name:	Authorized Signer's Signature:	
_____	_____	Date: _____
Authorized Signer's Printed Name:	Authorized Signer's Signature:	
_____	_____	Date: _____
Authorized Signer's Printed Name:	Authorized Signer's Signature:	
_____	_____	Date: _____
Authorized Signer's Printed Name:	Authorized Signer's Signature:	
_____	_____	Date: _____
Business Owner Printed Name:	Business Owner Signature:	

INTERNAL USE ONLY		INTERNAL USE ONLY		INTERNAL USE ONLY		INTERNAL USE ONLY		INTERNAL USE ONLY	
ARS:		Banking Center:		CIF#:		Date:			

Member FDIC

Synergy Path = CIF Cabinet/Debit Card Application

Rev. 10/17



800.654.9015  
330.674.9015



www.csb1.com  
fax: 330.674.3730



91 North Clay St. | P.O. Box 232  
Millersburg, OH 44654