



The Commercial & Savings Bank
PO Box 232, Millersburg, OH 44654

overdraft protection application

TYPE OF ACCOUNT

Individual Joint

Please print this application and submit through postal service or drop off at any of our CSB Banking Center locations.

Form with fields for CHECKING ACCOUNT: #, AMOUNT REQUESTED: \$, Applicant's Last Name (First, Middle), Telephone, Date of Birth, Current Address (Street, City, State, Zip), Length of Residence, Dependents, Previous Address, Present Employer (Employer, Position, Address, Length of Employment, Monthly Salary), Other Income, Source, Monthly Income, Previous Employment (Employer, Address, Length of Employment), Nearest Relative (Name, Relationship, Address, Telephone).

COMPLETE INFORMATION ON JOINT ACCOUNT ONLY IF JOINT ACCOUNT DESIRED

Form with fields for Joint Account (Co-Applicant's Name, Date of Birth, Soc. Sec./Fed. ID No., Telephone, Address, Relationship To Applicant, Employer, Monthly Salary, Position, Address, Length of Employment, Other Income, Source, Monthly Income).

COMPLETE FOLLOWING INFORMATION FOR ALL APPLICANTS

Form with fields for Bank Name (Savings, Checking, Loan), Checking Account No., Savings Account No., ALL DEBTS OR OBLIGATIONS (Creditor, Address, Purpose, Bal. Owing, Mo. Payment), Mortgagee or Landlord, Alimony, Child Support, Etc., 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."

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.

Signature lines for APPLICANT'S SIGNATURE, CO-APPLICANT'S SIGNATURE, DATE, and APPROVED BY.

INTERNAL USE ONLY

AMOUNT APPROVED: DATE: APPROVED BY:



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Please review the following terms and conditions for Overdraft Protection.
Print these terms and conditions and retain a copy for your future reference.

Personal Overdraft Protection

Annual Percentage Rate	16.9% Fixed
Grace Period for payment	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 the above table is accurate as of August 9, 2007, 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 1-800-654-9015
webadmin@csb1.com

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 subject to credit approval.

