



IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL CARD TO EITHER SIGNER OF A JOINT ACCOUNT, EACH OWNER MUST FILL OUT A SEPARATE APPLICATION.

PLEASE PRINT CLEARLY.

Debit Card

ATM Card

Small Business Debit

Cardholder Name _____ Date of Birth _____

Business Name if Applicable _____

Address _____

City _____ State _____ Zip _____

Telephone (Day) _____ (Evening) _____

I wish to access this account for Debit Card and ATM use: Checking Account# _____

For ATM use only, I wish to also access this account: Savings Account # _____

Authorizations: By signing below, I am applying for a Brattleboro Savings & Loan Association Debit / ATM Card. I understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Brattleboro Savings & Loan Association checking account only. I understand there are daily withdrawal restrictions which are disclosed in the EFT disclosure and I acknowledge receipt of this disclosure. I authorize Brattleboro Savings & Loan Association to verify the information provided above and to request a credit report if necessary. The Brattleboro Savings & Loan Association Debit / ATM Card is available for qualified customers only. Other requirements apply.

If a card is being issued to a minor child, the parent when signing, is assuming all responsibility for the card use.

In the case of a small business debit card, by signing below you acknowledge receipt of the Debit Business Card Agreement Terms and Conditions in place of the above referenced disclosures. In the case of the authorized user of the debit card changing, you agree to notify us in writing that the individual is no longer authorized to use the card, and you agree to obtain the card from the individual who is no longer an authorized user. The company or organization shall be liable to any authorized or unauthorized use of the card by officers, employees and affiliates of the company or organization.

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

Signature _____ Date _____

Parental Signature (if under 18 years) _____ Date _____

If this box is checked this is an authorization to issue a replacement card and I understand a fee of \$10.00 will be assessed.

FOR BANK USE ONLY:

- New Card for new account
- Replacement Card for worn out or broken card (same card # can be used)** \$10.00 fee applies
- New Card for lost or stolen card***old card # must be hot carded and new card number issued**\$10.00 fee applies

Card# _____ Offset _____ Created By _____ Date _____

Verified By _____

Replacement card fee \$10.00 processed

If waived, need to list reason and provide supervisor approval: _____ .