



NORTH EASTON SAVINGS BANK

ATM CARD/VISA® CHECK CARD APPLICATION

ATM Card Visa® Check Card

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

I wish to access the following accounts:

Checking _____ Statement Savings _____

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Disclosure Statement. I authorize release of credit information to the North Easton Savings Bank. I understand that if I do not qualify for the Visa® Check Card an ATM Card may be issued in its place.

Signature _____ Date _____

If the account is a joint account and the co-owner wishes to apply for a card, the co-owner must complete and submit a separate application.