



NORTH EASTON SAVINGS BANK

VISA® BUSINESS CHECK CARD APPLICATION

Name of Business or Organization

Business Address

City, State & Zip Code

Business Telephone Number

I wish to access the following accounts:

Checking

Statement Savings

The following individual(s) is/are authorized to sign checks on the above account and to process the above checking account through the use of a North Easton Savings Bank Visa® Business Check Card.

Authorized Card User

Authorized Card User

Authorized Card User

Social Security Number

Social Security Number

Social Security Number

Authorizations: By signing below I am applying for the North Easton Savings Bank 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 North Easton Savings Bank checking account. I authorize North Easton Savings Bank to verify information provided above and request a credit report if necessary. The North Easton Savings Bank Visa® Business Check Card is available for qualified customers meeting the bank's approval guidelines. Other requirements apply. I agree to be bound by the terms and conditions for Visa® Business Check Cards as set by the North Easton Savings Bank 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 my authorized or unauthorized use of the card by officers, employees and affiliates or the company or organization. Notification shall be made by a person who is 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.

Signature

Date

Signature

Date

Signature

Date