



The Commercial & Savings Bank

Consumer Overdraft Protection Application

Account Information

Checking Account #:		Type of Account:	<input type="checkbox"/> Individual	<input type="checkbox"/> Joint
Amount Requested:				

Customer Information

Name:		SS #:	
Date of Birth:		Phone #:	
Current Address:		Length of Residence:	
City:	State:	Zip Code:	
Home Is:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented	Dependents:	
Previous Address:		Length of Residence:	
City:	State:	Zip Code:	

Present Employer

Employer:		Phone #:	
Position:			
Address:			
City:	State:	Zip Code:	
Length of Employment:		Monthly Salary:	
Alimony, child support, or support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		Other Income:	
		Other Income Source:	
		Monthly Income:	

Previous Employment:

Employer:		Length of Employment:	
Address:			
City:	State:	Zip Code:	

Nearest Relative (Not living with you)

Name:		Phone #:	
Address:		Relationship to Applicant:	
City:	State:	Zip Code:	

Complete Information on Joint Account Only if Joint Account Desired

Joint Account/Co-Applicant's Signature Required on Application

Name of Co-Applicant:		Relationship to Applicant:	
Phone #:	Date of Birth:	SS #:	
Address:			
City:	State:	Zip Code:	
Employer:			
Position:		Phone #:	
Address:			
City:	State:	Zip Code:	
Length of Employment:		Monthly Salary:	
Alimony, child support, or support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		Other Income:	
		Other Income Source:	
		Monthly Income:	

Synergy Path: Loan Cabinet/Application



Member FDIC Rev: 2/19



800.654.9015
330.674.9015



www.csb1.com
fax: 330.674.3730



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

Additional Financial Institution Information
Complete Following Information for All Applicants

Bank Name:			
Account Type(s):	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Loan Account
Account Number(s):			
Have either of you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Creditor Name and Address <small>All debits or obligations (if insufficient space, attach additional sheet)</small>	Balance Owning	Monthly 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." Also, you are requesting a loan under this plan whenever you: Write a check or other transaction which brings your transaction account balance below the triggering balance as set forth in the loan agreement; or request in person or by phone a withdrawal which brings your transaction account balance below the triggering balance set forth in the loan agreement.

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. Everything that I (we) have stated in this application is correct to the best of my (our) knowledge. I (We) understand that you will retain this application whether or not it is approved. You are authorized to check my (our) credit and employment history and to answer questions about your credit experience with me (us). I (We) understand that a periodic membership fee may be assessed. This application is true to the best of my (our) knowledge.

Applicant's Signature:		Date:	
Co-Applicant's Signature:		Date:	

INTERNAL USE ONLY INTERNAL USE ONLY INTERNAL USE ONLY INTERNAL USE ONLY INTERNAL USE ONLY INTERNAL USE ONLY					
Amount Approved:	\$	Approved By:		Date:	



The Commercial & Savings Bank

PERSONAL OVERDRAFT PROTECTION

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

Annual Percentage Rate	16.9% FIXED
Grace Period	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 this table is accurate as of February 4, 2019 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 800.654.9015

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 are subject to credit approval.

