



THE COMMERCIAL & SAVINGS BANK

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

atm/debit card application

Please print this application and submit through postal service, fax to 330-674-4941, or drop off at any of our CSB Banking Center locations.

First Name: _____ Middle: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

License Number & State: _____ Social Security Number: _____ Date of Birth: _____

Telephone: (Day) _____ (Evening) _____

Previous Address (if less than 3 years): _____

Card Style Choice:

Orange Card



Patriotic Card



Please provide the information requested below. Primary accounts are those which are used most frequently. For accounts numbered 2 through 4, please include a name that you would like to appear on the ATM screen (ie: Vacation, Taxes, Home Improvement, etc.).

ACCOUNT TYPE:

ACCOUNT NUMBER:

ACCOUNT NAME:

Checking _____ Primary/Fast Funding _____

2. _____

3. _____

4. _____

Savings _____

2. _____

3. _____

4. _____

Authorizations: By signing below, I am applying for a Commercial & Savings Bank ATM / Debit Card. I understand that this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Commercial & Savings Bank primary checking account. I authorize Commercial & Savings Bank to verify the information provided above and to request a credit report if necessary. The Commercial and Savings Bank ATM / Debit Card is available for qualified customers only. Other requirements may apply. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Card holder Agreement.

Customer's Signature: _____ Date: _____

Rev'd By: _____ Date: _____ Banking Center: _____

Approved By: _____ Date: _____ Card #: _____

Verified By: _____ Date: _____

