



## ATM/DEBIT CARD APPLICATION

### Applicant 1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work/Cell Phone Number: \_\_\_\_\_

### Applicant 2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work/Cell Phone Number: \_\_\_\_\_

You must have a checking account in order to obtain a debit card. All debit card purchases and Point-of-Sale (POS) transactions will be deducted from this account. You may also choose to have other accounts linked to the card **for ATM access only**. Please indicate accounts below.

Checking Account Number: \_\_\_\_\_  
Statement Savings Account Number: \_\_\_\_\_  
Money Market Account Number: \_\_\_\_\_

By signing below, I/we understand that the use of my/our Debit/ATM card is governed by the Terms and Conditions of North Brookfield Savings Bank's Electronic Fund Transfer Services and Cardholder Agreement.

### PLEASE SIGN HERE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to any North Brookfield Savings Bank branch or mail it to:

**North Brookfield Savings Bank**  
**Attention: Operations Department**  
**35 Summer Street, P.O. Box 237**  
**North Brookfield, MA 01535**

Your application will be processed upon receipt. ATM/Debit cards will be mailed to the owner address of record. The PIN will be assigned randomly and will be mailed separately. If you have any questions; please contact us at (508) 867-7442 during regular business hours.

Bank Use Only		
Card # _____	Ordered by _____	Date _____
Card # _____	Ordered by _____	Date _____