

# Visa Check Card Application

**This application can be used for a Belmont Savings Bank Visa Check Card only. IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL CARD TO EITHER SIGNER OF A JOINT ACCOUNT, EACH OWNER MUST FILL OUT A SEPARATE APPLICATION.**

Please print clearly.

Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

(Cell) \_\_\_\_\_

**I wish to access this account for Visa Check Card and ATM use:**

Checking Account # \_\_\_\_\_

**For ATM use only, I wish to also access this account:**

Savings Account # \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_

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

**Joint Signature Requirement:** If any of the accounts that you wish to have access to on your Belmont Savings Bank Visa Check Card are joint, it is required under Massachusetts General Law Chapter 167B Section 6, that each joint signer sign your application for a card. Your application is not complete unless every signature appears on the application.

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

Joint Account  
Holder Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Joint Account  
Holder Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

FOR BANK USE ONLY: