

# BELMONT SAVINGS BANK VISA CHECK CARD APPLICATION

## APPLICANT

(Please Print)

Name

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Street Address

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City/State/ Zip

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Phone(Home)

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Phone(Work)

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Date of Birth

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Social Security Number

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Primary Account Number\*

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Additional Account Number

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Additional Account Number

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\* Primary Account must be a checking account

I hereby apply for the Belmont Savings Bank Visa Check Card. I accept and agree to the terms of the Belmont Savings Bank Visa Check Card Agreement which has been delivered to me. The terms of said agreement shall be deemed to be included while the Belmont Savings Bank Visa Check Card is used or retained by me.

I further authorize Belmont Savings Bank to obtain information from any credit bureau or investigative agency necessary, for the purpose of issuance/maintenance of a Belmont Savings Bank Visa Check Card.

Applicant Signature

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Date

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For Bank Use Only