

Business Visa® Check Card Application

Business Information:

Business Name: _____

Business TIN: _____

Card Holder Name: _____

Business Address: _____

Business Telephone: _____

Account Information:

Checking (required): _____

Savings (optional): _____

Authorizations:

I agree to be bound by the terms and conditions of the Business Deposit Account Disclosures and all other applicable disclosures.

For Business Visa® Check Card Applicants: I understand the Naugatuck Savings Bank Business Visa® Check Card is not a credit card and that the dollar amount of purchases made with this card will be deducted from the checking account I specified on this application.

I authorize Naugatuck Savings Bank to verify the information provided on this application and to request a credit report if necessary. The Naugatuck Savings Bank Business Visa® Check Card is available to qualified customers only. Other requirements may apply.

Owner / Authorized Signer Name: _____

Signature: _____

Date: _____

For Bank Use Only

PAN: _____

Offset: _____

Employee/Office: _____

DDA Product Type: _____

Date Opened: _____

Branch Manager Approval: _____

CMS Entry: _____

CMS Verify: _____

CIS: _____

Admin Entry: _____

Admin Verify: _____