

Ulster Savings

Banking • Loans • Investments • Tax & Payroll • Insurance

P.O. Box 3337, Kingston, New York, 12402
(866) 440-0391 • www.ulstersavings.com

Classic Visa Check Card Application

Please complete the information below. *Clearly* print the name(s) as they should appear on the card.

Accountholder Name (1) _____

Accountholder Name (2) _____

Address _____

Home Phone _____

Business Phone _____

The following number is the **Checking** account that I wish to access with my Visa Classic Check Card:

The following number is the **Statement Savings** account that I wish to access this account through the ATM only:

This information is given to obtain the Ulster Savings Bank Classic Check Card and is true and complete. When I/we or someone I/we authorize uses the Ulster Savings Bank Classic Check Card, I/we agree to the terms and conditions of the agreement that governs the use of the Ulster Savings Bank Classic Check Card. I/we understand that this is not a credit card and that the dollar amount of purchases made with this card will be deducted from my checking account only.

Signature (1) _____

Date _____

Signature (2) _____

Date _____

For Bank Use Only

Info verified by _____ Branch _____ Date _____ Approval _____

Application Received by _____

Date Card(s) Ordered _____

PAN (1) _____

PAN (2) _____

Bank Representative Initials

Submit this application at any branch location.

Member FDIC