

Ulster Savings Bank

Please complete the information below.

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 ATM or Visa Classic Check Card:

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

CLASSIC VISA CHECK CARD APPLICATION

ATM CARD APPLICATION

This information is given to obtain the Ulster Savings Bank ATM or Classic Check Card and is true and complete. When I/we or someone I/we authorize uses the Ulster Savings Bank ATM or Classic Check Card, I/we agree to the terms and conditions of the agreement that governs the use of the Ulster Savings Bank ATM or Classic Check Card. I/we understand that the Classic Check Card 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 _____

TELEPHONE BANKING APPLICATION

Please list all account numbers that you would like to access through Telephone Banking:

Authorization

Transfers from a Money Market or Savings Account to another account by preauthorized, automatic, telephone, online or overdraft transfers are limited by federal regulation to six (6) per month or statement cycle, with no more than three (3) by check, draft, debit card or similar order to third parties. Passbook Savings account transactions are not allowed.

I/We authorize Ulster Savings Bank to process transfers of funds that I request through the bank's 24-hour telephone banking service TO and FROM the above listed Checking, Statement Savings and Money Market accounts and to the above listed Loan Accounts.

By signing here, I/we certify that I/we have read and agreed to all of the terms, authorizations and disclosures received at the time my account was opened and subsequent disclosures since that date.

Signature _____

Date _____

For Bank use only

Info verified by _____	Branch _____	Date _____	Approval _____
Application Received by _____			
Date Card(s) Ordered _____			
PAN (1) _____			Bank Representative Initials _____
PAN (2) _____			

Submit this application at any branch location.

Member FDIC