



# APPLICATION FORM

Print this form, complete and sign the application, and mail to:

Country Bank for Savings  
75 Main Street  
Ware, MA 01082  
Attn: Internet Branch Manager

## CUSTOMER INFORMATION:

Business Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Init: \_\_\_\_\_  
Title: \_\_\_\_\_ Fed Tax ID#: \_\_\_\_\_  
Mother's Maiden Name (for security purposes): \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Please contact me via Email me when my Account is activated

## ACCOUNT INFORMATION:

Indicate below the accounts you wish to appear on your Home Banking screen. Specify those accounts that you wish to enable for transfer capabilities. (All accounts must have the same primary owners; only statement accounts are permitted to have transfer capabilities).

Account #	Transfers	Account #	Transfers
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## ACCEPTANCE:

*By signing this application, the undersigned agree to abide by the terms of the Truth In Savings and Electronic Transfers Disclosures and agree to be bound by their terms.*

**All** authorized account holders must sign this application.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

### FOR BANK USE ONLY:

Rec'd \_\_\_\_\_  FM  D  AC  REG Contact EM/PH \_\_\_\_\_  FI  Complete

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