

North Brookfield

SAVINGS BANK

NorthBrookfieldSavingsBank.com



BUSINESS DEPOSIT ACCOUNT APPLICATION

First Name:

Last Name:

Submitted on:

Account Terms

Privacy Policy: Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

Important Information about Procedures for Opening a New Account:

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Security Notice:

You should ONLY fill out this Application on-line if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

Instructions:

1. Complete Application and click "Submit Application" or fax it to 508-867-7574.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office for you to sign a signature card. You may also be requested to provide photocopies of your Social Security card and Driver's License, or other documentation.

Primary Joint Account Holder Information

Primary Account Owner

First Name	
Last Name (required)	
Social Security Number (required)	
Date of Birth (required)	
Email Address (required)	
Driver's License/ID Number (required)	
Driver's License Issuing State	
Home Phone	
Cell Phone	

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Secondary Account Owner (with right of survivorship)

First Name	
Last Name	
Social Security Number/TIN	
Date of Birth	
Email Address	
Driver's License/ID Number	
Driver's License Issuing State	
Home Phone	
Cell Phone	

Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code

Account Titling Information

	Titling Info
Individual	<input type="checkbox"/>
Joint	<input type="checkbox"/>
In Trust For	<input type="checkbox"/>

I/We would like to apply for the following account(s):

Account Options (required)	Account Options	
	Business Free Checking Plus	<input type="checkbox"/>
	Business Savings	<input type="checkbox"/>
	CD Accounts	<input type="checkbox"/>
	Business Tiered Money Market Checking	<input type="checkbox"/>

Additional Notes

By submitting this application, I (each person jointly and severally) apply for the account(s) and Debit card(s*) listed above and a personal identification number. As an account owner, I am subject to all of its bylaws and rules as amended from time to time. I certify that all information given is correct. I understand and agree that for all accounts for / or, any one of us opens in the future is governed by this application, and all persons listed here will be owners, except as provided as follows: If I wish an account to have (as applicable) fewer, additional, or different owner(s), a completed, signed application for the specific account must be submitted to and accepted by North Brookfield Savings Bank.

I agree to the terms and conditions for any accounts or services that I have now or in the future, and as they change from time to time. I agree at any time you may request information from others about my credit or accounts and that you provide to others experience information about me or my accounts with North Brookfield Savings Bank.

By clicking the Submit Form button below, I/We AGREE with the above statement.

***Debit card(s) not available for CD accounts.**