



### Debit Card Application

This application can be used to apply for a Berkshire Bank

Debit Card

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Business Name (if DBA): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Listed: Yes  No

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_

I wish to access this account for Point of Sale and ATM usage:

Primary Checking Account #: \_\_\_\_\_

Secondary Checking Account #: \_\_\_\_\_

Primary Savings Account #: \_\_\_\_\_

Secondary Savings Account #: \_\_\_\_\_

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

\_\_\_\_\_  
Applicant's Signature Date

#### Additional Information Request When Opening a New Account

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. Please include a photo copy of your driver's license or other government issued photo ID.

**Please mail to:** Berkshire Bank  
P.O. Box 1308  
Pittsfield, Massachusetts 01202-1308

Date \_\_\_\_\_ Approved:  Approved  
Received: \_\_\_\_\_ Denied:  By: \_\_\_\_\_