



Mascoma Bank
BUSINESS DEBIT CARD APPLICATION



Date: 09/21/2020 By: Pamela Wilson Branch: Keene Ext:
Name of Business or Organization: Town of Marlow CIF # TAA2571
Business Mailing Address: PO Box 64 City: Marlow State: NH Zip: 03456-0000
Primary Checking Account #: 6109683 Primary Savings Account #:

Authorizations: By signing below, I am applying for the Mascoma Bank Business Debit Card, I understand this debit card is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Mascoma Bank primary checking account identified above only. I authorize Mascoma Bank to verify information provided above. The Mascoma Bank Business Debit Card is available for qualified customers meeting the Banks approval guidelines. I agree to be bound by the terms and conditions for debit cards as set forth by the Mascoma Bank Business Debit Card Agreement and Conditions.

Changes in Authorized Cardholders: Business Debit Cards are assigned for use by an Authorized Representative of the business organization. The Authorized Representative agrees to obtain the card from the assigned individual and promptly notify us in writing if the individual cardholder is no longer authorized to use the debit card. The business organization shall be liable for any unauthorized use of the card by anyone.

To prevent unauthorized transactions against account(s) attached to the Business Debit Card, I agree to secure the PIN (Personal Identification Number) separate from the card(s), secure the PIN and keep it confidential.

Cardholder #1: Jennifer Brown (Print name) X Cardholder #1: [Signature] (Signature) 10/19/20 (Date)
Cardholder #2: (Print name) Cardholder #2: (Signature) (Date)
Cardholder #3: (Print name) Cardholder #3: (Signature) (Date)
Cardholder #4: (Print name) Cardholder #4: (Signature) (Date)

Decrease ATM/Debit Card Daily Limits per Authorized Representative

ATM Withdrawal Limit: 0.00 Debit POS Limit: 500.00

Increase ATM/Debit Card Daily Limits

ATM Withdrawal Limit: Debit POS Limit:

Exception Signature:

Customer(s) initial here to OPT OUT of Mastercard Auto Biller Update service #1 #2 #3 #4

For Bank use only: Card Numbers
#1- #2- #3-
#4- Initials & Date/Time: 9/21/2020 3:44 PM