



Since 1919 building better communities.

Application for Visa[®] Check Card

1) _____ Date of Birth _____ S.S.# _____

2) _____ Date of Birth _____ S.S.# _____

Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ Business Telephone (1) _____ Business Telephone (2) _____

Mother's Maiden Name (1) _____ Mother's Maiden Name (2) _____

Employer – How Long? (1) _____ Employer – How Long? (2) _____

Primary Account Number _____

Other Account Number(s) – (Statement Savings, Line of Credit, other Checking) _____

(Only your Primary Account Number can be accessed at retail locations.)

Number of Cards _____

I certify that the information above is true to the best of my knowledge and I authorize Century Bank or its agents to obtain a credit report and to verify any information in this application. I understand that transactions performed at retail locations will be withdrawn directly from the primary checking account listed above and that ATM transactions can access any account similarly listed in the application. I authorize Century Bank to mail me a Visa[®] Check Card upon their approval and I understand that if I am not approved for the Visa[®] Check Card, I will be notified my mail.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

**PLEASE RETURN THIS COMPLETED APPLICATION TO YOUR LOCAL BRANCH OFFICE,
OR MAIL TO 1640 SNOW ROAD, PARMA, OH 44134.**

Application is subject to approval by Century Bank.

BANK USE ONLY

Customer since _____ Officer _____

Times O/D _____ Action: New Replace Other _____

Average Balance _____ Date: _____

Approved / Denied _____