



Primary Account Holder: _____ SSN: _____

Address: _____

Tel# Home: _____ Daytime: _____

E-mail: _____

Joint Account Holder: _____ SSN: _____

Address: _____

Tel# Home: _____ Daytime: _____

E-mail: _____

I request the following services (please check the requested services):

Eagle Bank Debit Card and ATM Card CARD # _____

I wish to access these accounts (passbook accounts prohibited):

EB ATM Card:	Primary Checking Acct #:		2 nd Checking Acct #:	
	EB Debit Card:	Savings Acct #:	2 nd Savings Acct #:	

Authorizations: By signing below, I am applying for an Eagle Bank Debit Card or ATM Card. I understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Eagle Bank primary checking account only. I authorize Eagle Bank to verify the information provided above and to request a credit report if necessary. The Eagle Bank Debit Card and ATM Card are available for qualified customers only. Other requirements apply. If I am not approved for an Eagle Bank Debit Card, I may be issued an Eagle Bank ATM Card if I do not already have one. By using the card after receipt of the appropriate disclosure statement, I agree to be bound by the terms and conditions covered in the appropriate disclosure statement titled "Terms and Conditions of Your Account". You will receive your Personal Identification Number (PIN) in a separate mailer a few days after the receipt of your new card. This number belongs to you and is the key to the security of your accounts. Do not write your PIN on or near your card and do not tell your PIN to anyone else.

Overdraft Balance Protection Authorization

I (We) hereby authorize Eagle Bank to:

Transfer Funds **Cancel Transfer Agreement**

Transfer From * Account # _____ To Account # _____

The undersigned hereby authorizes Eagle Bank (herein after called Bank) to automatically transfer funds from my/our above listed account number (Transfer From) into my/our checking account (Transfer To) to cover overdrawn funds. I/we understand that if there are not sufficient funds to cover the full amount of the overdraft, no transfer of funds will be made. I understand the Bank may cancel this authorization at any time without previous notice. I also understand that the Bank will not be held responsible if such transfer should fail to take place in accordance with the terms of this agreement. All parties on the "Transfer From" account must sign this Authorization Agreement form to create or cancel. Transfers from any Statement Savings Account(s) to another account or to third parties by preauthorized, automatic or telephone transfer are limited by federal regulation to six per month assuming no transfers by draft, debit card or similar order to third parties. However, you are responsible for all transfers, even if more than six are inadvertently allowed. Transfers from a Market Rate Deposit Account(s) to another account or to third parties by preauthorized, automatic or telephone transfer are limited to six per statement cycle. However, you are responsible for all transfers,

even if more than six are inadvertently allowed. Please reference Eagle Bank's Deposit Account Fee Schedule for Personal Accounts for the current fee charged for this service.

*Market Rate and Savings Account transactions are governed by Deposit Agreement and by applicable Federal and Massachusetts laws. Please refer to the "Electronic Fund Transfers Your Rights and Responsibilities", "Truth-In-Savings " and " Terms & Conditions of Your Account" disclosures.

If you transfer funds from a noninterest-bearing transaction account to an interest-bearing deposit account, the transferred funds will not be eligible for unlimited FDIC insurance coverage under the FDIC insurance coverage for transaction accounts.

Account Holder's Signature: _____ **Date:** _____

Account Holder's Signature: _____ **Date:** _____

Branch: _____

CSR's Name: _____ Initials: _____ Date: _____

Processed by: _____ Initials: _____ Date: _____

Reviewed by: _____ Initials: _____ Date: _____