

School Checking Program

A financial enrichment program between
Salisbury Bank and The Hotchkiss School



Account Agreement
and Enrollment Form

The
HOTCHKISS
School

 **SALISBURY BANK** | enriching.

salisburybank.com

The Salisbury Bank School Program Personal Checking Account offers:

- ✓ No minimum balance
- ✓ Unlimited debit card transactions and check writing
- ✓ No monthly service charge when you enroll in e-Statements*

Benefits of our Personal Checking account:

✓ Unlimited transactions

✓ FREE Debit MasterCard®

- Shop anywhere MasterCard® is accepted and your purchases will be automatically deducted from your account.
- More convenient than cash – use your card for everyday expenses.
- Control your expenses – view all transactions online or on your monthly account statement.
- Get cash from your checking account at any Salisbury Bank ATM and thousands of ATMs worldwide.
- If a Salisbury Bank ATM is not convenient, avoid other Bank ATM fees by requesting cash back when you make a purchase.

✓ FREE e-Banking

- View account balances and history in real time.
- Set up alerts to be notified of account activity such as account balances, checks clearing, personal events and more!
- To enroll in e-Banking visit salisburybank.com/enrollnow

✓ FREE e-Statements

- To avoid the \$5.00 monthly service charge for paper statements: Receive your monthly statements electronically.*

✓ FREE Mobile Banking

- View your account information anytime, anywhere.
- Free Mobile App is available for iPhone and Android.
- To use the Mobile Banking service you must be enrolled in Salisbury Bank's e-Banking service.
- Your device must be web-enabled and your mobile network must allow SSL traffic (you may need to contact your mobile provider to determine this).
- Data charges from your mobile service provider may apply.

✓ FREE Bank-by-Phone

- Convenient access to your account 7 days a week, 24 hours a day by calling 860.824.8262 using a touch-tone telephone.

Important Information about procedures for opening a new account at Salisbury Bank and Trust Company

To help the government to 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 a new account.

When you open an account, we will ask you 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.

* You must be enrolled in our e-Banking service and authorize the Bank to deliver your monthly statements electronically. As long as you are currently enrolled in e-Statements when your statement cycles, you will not receive a monthly service charge for that month. If you do not log in to e-Banking for six (6) months, you will be automatically un-enrolled from e-Banking and e-Statements will expire. A \$5.00 monthly service charge for paper statements will be charged each month you do not receive your account statement electronically. As long as you are currently enrolled when your statement cycles, you will not receive a monthly service charge for that month. Check images will be included in your monthly statement.

Available for personal accounts only. You must deposit at least \$25.00 to open this account. Certain restrictions may apply, please contact a Customer Service Associate at 860.435.9801.

Please see our separate Fee Schedule for other fees that may apply to this account.

Salisbury Bank Personal Checking Account Agreement/Enrollment Form

Account Owner Information:

First Name: _____ MI: _____ Last Name: _____
Social Security Number: _____ Date of Birth: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address, If Different: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ *Code Word: _____ School: **The Hotchkiss School**
Form of ID: Driver's License State ID Passport ID Number: _____
State/ Country Issued: _____ Issue Date: _____ Expiration Date: _____ Email: _____
Have you, a close associate or family member, acted in the capacity of a senior foreign political figure? No Yes, Country _____
Do you live or have a second residence in a foreign country? No Yes, Country _____
Are you a citizen of a foreign country? No Yes, Country _____
Signature: **X** _____ Mother's Maiden Name _____

Backup Withholding Certifications:

(If not a "U.S. Person," certify foreign status separately on enclosed W-8 BEN form.)

TIN: _____

Taxpayer I.D. Number (TIN) – The number shown above is my correct taxpayer identification number.

Backup Withholding – I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt recipients – I am an exempt recipient under the Internal Revenue Service regulations.

I certify under penalties of perjury the statements checked in this section are true and that I am a U.S. Citizen (including U.S. resident alien).

Signature: **X** _____ Date: _____

Debit Card Request:

Please order me a Debit MasterCard® for my account.

Authorizations: By signing below, I am applying for the Salisbury Bank Debit MasterCard®. I understand this is not a credit card and the dollar amount of the purchases made with this card will be deducted from my Salisbury Bank primary checking account only. I authorize Salisbury Bank to verify the information provided above and to request a credit report if necessary. The Salisbury Bank Debit MasterCard® is available for qualified customers only.

Signature: **X** _____ Date: _____

The above signed understands that they will receive the following disclosures via mail after the account is opened: *Privacy Notice Terms and Conditions Governing Your Personal Accounts Truth in Savings Electronic Funds Transfer Funds Availability Fee Schedule*

Joint Account Owner Information

First Name: _____ MI: _____ Last Name: _____
Relationship to Student: _____ Social Security Number: _____ Date of Birth: _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address, If Different: _____ City: _____ State: _____ Zip: _____
Home Phone Number: _____ *Code Word: _____ Email: _____
Work Phone: _____ Cell Phone: _____
Company: _____ Position/Job Title: _____
Form of ID: Driver's License State ID Passport ID Number: _____
State/ Country Issued: _____ Issue Date: _____ Expiration Date: _____
Have you, a close associate or family member, acted in the capacity of a senior foreign political figure? No Yes, Country _____
Do you live or have a second residence in a foreign country? No Yes, Country _____
Are you a citizen of a foreign country? No Yes, Country _____
Signature: **X** _____ Mother's Maiden Name _____

The above signed authorizes Salisbury Bank to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the above signed is authorized to make withdrawals from the account.

INTERNAL USE ONLY

Date opened: _____ Opened by: _____ Date disclosures mailed: _____ Account Number: _____ Card # ordered: _____

*Code Word is a security feature used to identify you when you call the Bank and inquire on your accounts. You can use an identifying word such as a favorite color, a pet's name, your favorite number, etc.

Salisbury Bank Personal Checking Account

To open an account simply complete and return this enrollment form.

- Return in person to the Bank at **5 Bissell Street in Lakeville, CT**
- Fax to the Bank at **860.435.4019**
- Mail to **Salisbury Bank, PO Box 1868, Lakeville, CT 06039-1868**
- Return to school and see a Salisbury Bank representative to complete account opening during registration on one of these dates:
Friday, August 31st from 10:00 a.m. to 3:00 p.m.
Saturday, September 1st from 9:00 a.m. to 11:00 a.m.
Sunday, September 2nd from 9:00 a.m. to 2:00 p.m.

Don't forget to include a check for your opening deposit.

3 states | 14 branches | tri-state service

CONNECTICUT

Lakeville (Main Office)

5 Bissell Street
PO Box 1868
Lakeville, CT 06039-1868
860.435.9801

Canaan

100 Main Street
PO Box 757
Canaan, CT 06018-0757
860.824.5423

Salisbury

18 Main Street
PO Box 407
Salisbury, CT 06068-0407
860.435.9801

Sharon

5 Gay Street
PO Box 7
Sharon, CT 06069-0007
860.364.0500

MASSACHUSETTS

Great Barrington

210 Main Street
PO Box 860
Great Barrington, MA 01230-0860
413.528.1201

Sheffield

640 North Main Street
PO Box 1069
Sheffield, MA 01257-1069
413.229.5000

South Egremont

51 Main Street
PO Box 313
South Egremont, MA 01258-0313
413.528.5100

NEW YORK

Dover Plains

5 Dover Village Plaza
PO Box 693
Dover Plains, NY 12522-0693
845.877.9850

Fishkill*

701 Route 9
Fishkill, NY 12524-3510
845.896.9300

Millerton

87 Main Street
PO Box 768
Millerton, NY 12546-0768
518.789.9802

New Paltz*

275 Main Street
New Paltz, NY 12561-1613
845.256.0003

Newburgh*

801 Auto Park Place
Newburgh, NY 12550-6702
845.562.6766

Poughkeepsie*

11 Garden Street
Poughkeepsie, NY 12601-3105
845.454.5511

Red Oaks Mill*

2064 New Hackensack Road, Suite 1
Poughkeepsie, NY 12603-4862
845.463.2265

**Riverside Bank Division Locations*



860.435.9801 | salisburybank.com

e-Banking and e-Pay: salisburybank.com | Bank-by-Phone: 860.824.8262