

I/We would like a Peoples Federal Savings Bank MasterMoney Card

Name 1 _____

Address _____

City/State/Zip _____

Social Security Number _____ Date of Birth _____

Day Phone _____

Evening Phone _____

Name 2 _____

Address _____

City/State/Zip _____

Social Security Number _____ Date of Birth _____

Day Phone _____

Evening Phone _____

When you use your Peoples Federal Savings Bank MasterMoney card for retail purchases, the amount of your purchase is automatically deducted from your Peoples Federal Savings Bank checking account.

Please indicate the Peoples Federal Savings Bank checking account you wish to access:

Checking Account # _____

Your MasterMoney card can also be used for ATM transactions. In addition to the checking account listed above, you can use your card to access one Peoples Federal Savings Bank Statement Savings Account or Statement Money Market Account.

Please indicate one additional Peoples Federal Savings Bank account to which you would like ATM access by using your MasterMoney card:

Statement Savings Account # _____ or,

Money Market Account # _____

Authorizations: By signing below, I am applying for a Peoples Federal Savings Bank MasterMoney 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 Peoples Federal Savings Bank checking account. I authorize Peoples Federal Savings Bank to verify the information provided above and to request a credit report if necessary. The Peoples Federal Savings Bank MasterMoney card is available for qualified customers only. I agree to maintain sufficient balances in my designated checking account to cover all transactions made using the MasterMoney card. Other requirements apply. If I am not approved for a Peoples Federal Savings Bank MasterMoney card I may be issued a Peoples Federal Savings Bank ATM card if I do not already have one. I agree to be bound by the terms and conditions covered in the appropriate Disclosure Statement and Cardholder Agreement.

All account holders must sign.

Signature _____ Date _____

Signature _____ Date _____