



Business Debit Card Application

Business Information

Section 1 (Required)

Organization Number: _____ Tax-ID Number: _____

Company Name (will print on check card) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

**By signing the application below you authorize the Credit Union to obtain information concerning your credit standing. Debit Card issuance is subject to Credit Union approval.*

*Primary User's Signature: _____
(Owner, Partner, LLC Manager, Corporate Officer)

Primary User (print name)

Section 2 (Only complete if card is needed for owner)

New Card Replacement Card Name Change (Request will generate a new card)

Primary User: _____ PIN: *Limit Code _____

Authorized Users (print name)

Section 3 (Only complete if card is needed for authorized users)

New Card Replacement Card Name Change (Request will generate a new card)

User Name: _____ Social: _____ - _____ - _____

PIN: *Limit Code _____ User Signature: _____

User Name: _____ Social: _____ - _____ - _____

PIN: *Limit Code _____ User Signature: _____

User Name: _____ Social: _____ - _____ - _____

PIN: *Limit Code _____ User Signature: _____

**The Standard Daily Limit for a Business Debit Card for Point of Sale transactions is \$10,000 or 15 transactions per card based on the available balance. If requesting a lower limit for certain cardholders, please designate on the Daily Limit Line, otherwise the standard limit will apply. ATM use is limited to three (3) transactions per day not to exceed \$505.00 for all cards combined.*

Limits Available: 1) \$505 2) \$5,000 3) \$10,000 4) \$15,000

Please complete this form and drop it by one of our many conveniently located Member Financial Centers or call our Member Contact Center at 800.822.0382.

Credit Union Use Only

Beacon Score: _____ Br: _____ Teller Initials: _____