

## **BUSINESS ATM/DEBIT CARD APPLICATION**

I am applying for:	susiness Debit Card	🗌 Bı	isiness ATN	/I "Deposit (	Only" Card	
Business Name:						
Business Address (no P.O. Box):						
City, State & Zip:						
Business Contact Person:					<b>#:</b>	
Tax ID Number: (EIN#)						
Business Organized As:	Corporation	Pa	rtnership		2	
	Sole Proprietor		ganization	Oth	er	
Company Purchase Limit Requested:	\$		Annual	Revenue:	\$	
I would like to use this card with the f	following checking a	account:				
Visa® Account Updater (VAU) Servi	ice Opt-out (optiond	al – not rea	quired)			
I <u>do not</u> want to participate in the provided to recurring payment me	Visa® Account Up	dater Serv	ice and I do			
this application will constitute my agreement to the Card. It is certified that the above informat whatever credit and/or investigative inquiries of the Card transactions. I understand that this C Check Card(s) requested.	ation is complete and cor leemed necessary in conr	rrect and is g	iven to induce this application	you to issue sa and to exchan	id Card(s). I a ge with others i	uthorize you to make nformation regarding
Signature	Name/Title				Date	
Cardholder # 1 Information						
Name:	Card Number:					
TIN\SSN #:	Date of Birth:			Phon		
Do you want this cardholder to have o		's? □	No	] Yes	(\$	per day)
What purchase limit do you want for	this cardholder?		None	Yes	(\$	per day)
Bank Use Only RUSH ORDER (\$50) Re-order Fee (\$15.00) Charge Account #:		Per Custo Current C	-		due to fraud/co	-
Received by Dept. Itasca Rosell Date Received: By:	le □Mail □.	Fax		CustServ		Tellers

## **Cardholder # 2 Information**

Name:	Card Number:							
TIN\SSN #:	Date of Birth:				P	hone #:		
Do you want this cardholder to have cash a	access at ATM's?		No		Yes	(\$		per day)
What purchase limit do you want for this c	ardholder?		None		Yes	(\$		per day)
Cardholder # 3 Information								
Name:	Card Number:							
TIN\SSN #:	Date of Birth:				P	hone #:		
Do you want this cardholder to have cash a	access at ATM's?		No		Yes	(\$		per day)
What purchase limit do you want for this c	ardholder?		None		Yes	(\$		per day)
Cardholder # 4 Information								
Name:			Care	d Nun	nber:			
TIN\SSN #:	Date of Birth:				P	hone #:		
Do you want this cardholder to have cash a	access at ATM's?		No		Yes	(\$		per day)
What purchase limit do you want for this c	ardholder?		None		Yes	(\$		per day)
Cardholder # 5 Information								

Name:		Card Number:						
TIN\SSN #:	Date of Birth:		Phe	one #:				
Do you want this cardholder to	have cash access at ATM's?	🗌 No	Yes	(\$	per day)			
What purchase limit do you wa	nt for this cardholder?	None None	Yes	(\$	per day)			

## Please read the following disclosure statements:

**Non Visa<sup>®</sup> Pin-less Debit Transactions** – You may use your VISA<sup>®</sup> Debit Card to initiate both VISA debit transactions and non-VISA debit transactions without using a personal identification number (PIN) to authenticate the transactions. To initiate a VISA<sup>®</sup> debit transaction, you may sign a receipt, provide a card number over the phone or via the Internet, or swipe your card through a point-of-sale (POS) terminal.

To initiate a non-VISA® debit transaction, you may enter a PIN at a point-of sale terminal or, for certain bill payment transactions, provide the account number for an e-commerce or mail/telephone order transaction. We have enabled non-VISA® debit transaction processing on the Plus, Star, and ACCEL/Exchange networks.

If you have any questions concerning the use of your Visa® Debit Card, please contact Customer Service at 630-773-0350.