



Business Debit Card Applicant Information

If address changed within 30 days of application date, customer identity must be verified in person and photo identification documented.

Business Name (all DBAs) _____

Business Address (street, city, state, zip) _____

Business Phone Number _____

Business Website _____

Business Email _____

County & State of Business _____

Business Tax ID _____

Type of Organization: Proprietorship Partnership Corporation Limited Liability Company

Account Number: _____



Number of Cards Requested: _____

Authorized Card User Requests

(1) Name: _____ ATM Limit: _____ Debit Card Limit: _____

(2) Name: _____ ATM Limit: _____ Debit Card Limit: _____

(3) Name: _____ ATM Limit: _____ Debit Card Limit: _____

Signature: _____
Relationship to Business Applicant: _____ Date: _____

Signature: _____
Relationship to Business Applicant: _____ Date: _____

Signature: _____
Relationship to Business Applicant: _____ Date: _____

FOR BANK USE ONLY

Card #(s) Assigned:	ATM Limit(s) Assigned:	Debit Card Limit(s) Assigned
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Date Card Ordered: _____ By: _____ Verified By: _____
Date Last Address Maintenance: _____ ID Type: _____ ID #: _____
Date Approved: _____ Approved By: _____



Updated 12/2025

