



Business Debit Card Application

Name of Business _____

Business Address _____

City: _____ State: _____ Zip: _____

Phone #: _____

Business Contact _____

Mailing Address: *(If Different from Business Address)* _____

City: _____ State: _____ Zip: _____

Phone #: _____ Tax ID #: _____

Type of Business (check one): Corporation _____ Partnership _____ LLC _____
Sole Proprietorship (DHA) _____ Lodge/Assoc/Non Profit _____

1. Authorized user: _____

SSN#: _____ Date of Birth _____

Signature: _____ Date: _____

Daily Cash Withdraw Limit: _____

Daily Purchase Limit: _____

2. Authorized user: _____

SSN#: _____ Date of Birth _____

Signature: _____ Date: _____

Daily Cash Withdraw Limit: _____

Daily Purchase Limit: _____

If you wish to have more than two authorized users in this program, please attach a separate sheet of paper with each individual's name, SSN#, DOB, signature and daily cash withdrawal and daily purchase limit.

Account number (s) you wish your Business card to Access: _____

Number of Business Debit Card/Cards you wish to order per Authorized User: ☐ One ☐ Two ☐ _____

The undersigned applicant that The Bank of Carbondale is to rely solely on account documents by the business to determine authorization for this service (i.e. Corporate Resolutions, Partnership Agreement, Sole Proprietorship, etc) All aspects will be subject to the terms and conditions of a written agreement to be entered onto between applicant and The bank of Carbondale. The applicant agrees all information is accurate and authorizes The Bank of Carbondale to request financial information on applicant.

Principal of Business (signature): _____ Date: _____

Second principal of business (signature): _____ Date: _____

(If required by the applicant's business)

Banking Center #: _____ Approving Officer: _____