

BANK BUSINESS DEBIT CARD APPLICATION

By my signature below, I am requesting a Super Bank Business Debit Card. I understand that my Debit Card will allow access to my bank accounts listed below. I understand to memorize my Personal Identification Number (PIN) and not to write the (PIN) where it can be stolen or lost with my Debit Card. I have received a copy of the agreement and disclosure concerning the use of my Debit Card. The bank may obtain a current credit report upon receipt of this application. I agree to abide by the agreement and disclosure established by Super Bank as related to the use of the Business Debit Card.

Account Name:

Business Phone #:

Portfolio #:

Checking #:

Branch #:

Savings #:

Authorized User Name & Signature <u>X</u>	TIN:	Daily Limit Per Card	
	Card #:	PIN Based ATM/POS Combined: \$	
Address: _____	City: _____	State: _____	Zip: _____

Authorized User Name & Signature <u>X</u>	TIN:	Daily Limit Per Card	
	Card #:	PIN Based ATM/POS Combined: \$	
Address: _____	City: _____	State: _____	Zip: _____

Authorized User Name & Signature <u>X</u>	TIN:	Daily Limit Per Card	
	Card #:	PIN Based ATM/POS Combined: \$	
Address: _____	City: _____	State: _____	Zip: _____

Authorized User Name & Signature <u>X</u>	TIN:	Daily Limit Per Card	
	Card #:	PIN Based ATM/POS Combined: \$	
Address: _____	City: _____	State: _____	Zip: _____

**** DAILY LIMIT FOR SIGNATURE BASED POS IS \$2,000.00 PER ACCOUNT. ****

X
Signature of Principal _____ Date _____

X
Signature of Principal _____ Date _____

FOR CORPORATION ONLY

Certified Copy of Corporation Resolution for Business Debit Card Application

RESOLVED: The _____, _____, _____, or _____, of this corporation are hereby authorized, from time to time, to be users of Business Debit Card in the name of this corporation.

CERTIFICATION

I certify that this resolution was adopted by this organization in accordance with law and its charter documents at a meeting duly held by this organizations' governing body, and is now in effect. I certify that all of the signatures above are genuine and are those of the person(s) who are authorized to execute the form who has such title as is listed above. I further certify that I have authority to execute this certification. Super Bank is entitled to rely upon this certification until written notice of its revocation is delivered to Super Bank.

Print Name/Title (Must be Secretary or Assistant Secretary)

X
Signature _____ Date _____

BANK USE ONLY

Date: _____ Prepared By: _____ Authorized By: _____