

Application for Business DebitCard

Company Name: _____ Date: _____

Company Address: _____

Company TIN# _____

Employee Cardholder: _____ SS# _____

Home Phone: _____ Business Phone: _____ Ext: _____

Mother's Maiden Name: _____ Date of Birth: _____

ID# _____ Drivers License __ State ID__ Matricula Consular__

Please Attach Copy of ID

Account Access Checking Account#: _____

Transaction Access

ATM Deposits ____ ATM Withdrawals __ Balance Inquiries ____ Purchases ____

Daily Limits Atm Withdrawals: 500.00 Purchases (POS): 1500.00

Limit Adjustment Request

ATM Withdrawals: _____ Purchases (POS): _____

The undersigned agrees to a) sign the card promptly upon receipt; b) safely keep the Card and PIN separate and in the sole possession of the authorized user; c) not to disclose the PIN, record it on the Card or otherwise make it available to anyone else; d) use the Card, PIN and ATM or POS terminal only for business purposes, and only as instructed and authorized by us from time to time; e) after dark, choose an ATM that is well-lit and be accompanied by another person; f) seek another ATM or return at a later time if there are suspicious circumstances; g) save all receipts (never throw them in the trash or on the ground) and verify each against your bank statement; h) report all crimes immediately to the operator of the ATM or local law enforcement official; and I) immediately report to us any loss, theft, disappearance or known or suspected unauthorized use of the Card or the PIN.

Employee Signature: _____

Company Approval

Company Program Administrator: _____

For Bank Use Only:

Employee/Bank/Branch Accepting Application: _____

Bank Officer Application Approval: _____

Bank VP Limit Adjustment Approval: _____

CIF #: _____ Verified Agreement on File: _____

ATM Department Use Only:

Checked Program Administrator Signature: _____ Verified All Approvals: _____

Add Card to JHA: _____ Add Card to eFunds: _____