

COMMERCIAL DEBIT CARD APPLICATION

Name of Business _____

Business Address _____

City _____ State _____ Zip Code _____

Tax ID # _____

DDA Account # _____ Phone Number _____

Type of Business (check one)

Corporation _____ Partnership _____ Sole Proprietorship (DBA) _____

LLC _____ Non-Profit/Lodge _____

Name(s) of person(s) to issue cards to (Persons must be on Bank 1st Business Account):

Please Note:

- **Daily Limits:** Will be set at our default of **Purchases** - \$750.00/day and **Cash Withdrawals** - \$215.00/day unless otherwise noted below.
- **Deposits:** Copies of deposits and research will not be feasible for deposits made at ATMs not managed by Bank 1st.

Name _____ Phone Number _____

SSN # _____

Date of Birth _____

Transactions Allowed: Deposits _____ Purchases _____ Cash _____ Withdrawals _____

Daily Purchase Limit \$ _____ Daily Cash Withdrawal Limit \$ _____

Signature _____ (See disclosure on back of application)

Name _____ Phone Number _____

SSN # _____

Date of Birth _____

Transactions Allowed: Deposits _____ Purchases _____ Cash _____ Withdrawals _____

Daily Purchase Limit \$ _____ Daily Cash Withdrawal Limit \$ _____

Signature _____ (See disclosure on back of application)

For Institution Use

Approved Declined By _____ Date _____

COMMERCIAL DEBIT CARD APPLICATION

Name(s) of person(s) to issue cards to (continue if necessary)

Name _____ Phone Number _____

SSN # _____

Date of Birth _____

Transactions Allowed: Deposits ___ Purchases ___ Cash ___ Withdrawals ___

Daily Purchase Limit \$ _____ Daily Cash Withdrawal Limit \$ _____

Signature _____ (See disclosure on back of application)

Name _____ Phone Number _____

SSN # _____

Date of Birth _____

Transactions Allowed: Deposits ___ Purchases ___ Cash ___ Withdrawals ___

Daily Purchase Limit \$ _____ Daily Cash Withdrawal Limit \$ _____

Signature _____ (See disclosure on back of application)

Principal of Business Signature: _____ Date: _____

Principal of Business Printed Name: _____

*Second Principle of Business Signature: _____ Date: _____

** if required by the applicant's business documents*

Second Principal of Business Printed Name: _____

DISCLOSURE:

Signature - By signing, the undersigned request(s) the described service(s) and agree(s) to the terms and conditions governing the service(s), including any fees and charges. The undersigned agree(s) that all information is accurate and authorize(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by a consumer reporting agency. The undersigned acknowledges receipt of and agrees to the terms and conditions of the Business Debit Card Agreement.