

**GENERAL BUSINESS INFORMATION**

**Name of Business:**

Business Address Line 1:

Bank Use Only  
Port Number:

Business Address Line 2:

City:

State:

Zip Code:

Business Phone:

Business Tax ID #:

Type of Business:

**Corporation - For Profit**

MJB Account Number you wish your Business Debit Card to access:

**BUSINESS CONTACT INFORMATION**

**Business Contact:**

Contact Title:

Mail Address Line 1: (If different from address above)

Mail Address Line 2:

City:

State:

Zip Code:

**CARD ISSUANCE INFORMATION - Indicate if this application is request for a new cardholder, or to change an existing cardholder profile:  New  Change**  
Please provide the following information for each individual who will be issued a card.

**Authorized Individual:**

Social Security Number:

Signature:

Cards issued to this Individual:

One  Two

Cardholder Date of Birth: (MM/DD/YYYY)

Daily Cash Withdrawal Limit\* \$300 / Purchase Limit\* \$1,000

Bank Use Only  
Number:

**Authorized Individual:**

Social Security Number:

Signature:

Cards issued to this Individual:

One  Two

Cardholder Date of Birth: (MM/DD/YYYY)

Daily Cash Withdrawal Limit\* \$300 / Purchase Limit\* \$1,000

Bank Use Only  
Number:

**Authorized Individual:**

Social Security Number:

Signature:

Cards issued to this Individual:

One  Two

Cardholder Date of Birth: (MM/DD/YYYY)

Daily Cash Withdrawal Limit\* \$300 / Purchase Limit\* \$1,000

Bank Use Only  
Number:

**Signature.** By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit history by any necessary means, including preparation of a credit report by a credit-reporting agency. This application must be signed by: 1) All Partners if a partnership, 2) Company Owner if a sole proprietorship, 3) At least two authorized officers if a Corporation, and 4) All member or designated manager(s) if a limited liability company.

Authorized Business Signature

Date:

Authorized Business Signature

Date:

Authorized Business Signature

Date:

Authorized Business Signature

Date:

**BANK USE ONLY**

**Application Received By:**

Date Received:

Application Status:

Approved  Withdrawn By Applicant

Declined

Signature: (Signature of Lender Required)

Date:

**Back Office:**

\_\_\_\_\_ Rush (optional): Indicates if the card request must be sent to the card processor the same day it is entered into the system. Card requests must be entered by 6:00 P.M. to be sent for same-day processing. Card requests not designated, as rush will be sent to the card processor according to the regular schedule.

\_\_\_\_\_ Total number of Cards Ordered (required). Indicates the number of cards to be ordered. One card for primary only, two cards for primary and secondary, etc.

\_\_\_\_\_ Expiration Date (required). The default is 24 months.

\_\_\_\_\_ Reissue Months (optional). The default is 24 months.

**All declined or withdrawn applications, along with copy of customer notification letter must be forwarded to Sabetha Bookkeeping for File.**