

BUSINESS INFORMATION			
BUSINESS NAME/DBA		EMAIL ADDRESS	
OWNER/PRESIDENT/GENERAL PARTNER'S NAME		BUSINESS PHONE NUMBER	
TAXPAYER ID NUMBER		BUSINESS FAX NUMBER	
PRIMARY CHECKING ACCOUNT NUMBER		BUSINESS LEGAL STRUCTURE (e.g., Sole Proprietorship, Partnership, Corp.)	
BUSINESS ADDRESS		MAILING ADDRESS (if different)	
CITY	STATE	ZIP	CITY STATE ZIP
AUTHORIZED SIGNER(S) PER BUSINESS RESOLUTION			
SIGNER NAME	TITLE	OCCUPATION	SSN
SIGNER NAME	TITLE	OCCUPATION	SSN
SIGNER NAME	TITLE	OCCUPATION	SSN
SIGNER NAME	TITLE	OCCUPATION	SSN
AUTHORIZED USER(S)			
Maximum of _____ persons will be issued Access Devices per business. Aggregate Maximum of \$ _____ daily purchase limit and \$ _____ daily ATM limit per card. Subject to Credit Union Approval.			
PRIMARY USER'S NAME		DAILY PURCHASE LIMIT (\$)	DAILY ATM LIMIT (\$)
ACCOUNTS TO ACCESS	OCCUPATION		DATE OF BIRTH
SECOND USER'S NAME		DAILY PURCHASE LIMIT (\$)	DAILY ATM LIMIT (\$)
ACCOUNTS TO ACCESS	OCCUPATION		DATE OF BIRTH
THIRD USER'S NAME		DAILY PURCHASE LIMIT (\$)	DAILY ATM LIMIT (\$)
ACCOUNTS TO ACCESS	OCCUPATION		DATE OF BIRTH
FOURTH USER'S NAME		DAILY PURCHASE LIMIT (\$)	DAILY ATM LIMIT (\$)
ACCOUNTS TO ACCESS	OCCUPATION		DATE OF BIRTH

CERTIFICATION

FOR THE SOLE PROPRIETORS	FOR CORPORATIONS, PARTNERSHIPS, AND LLC's
<p>I am the sole proprietor and Authorized Signer on behalf of the Company named in the signature line below and as set forth in the Application; and I agree:</p>	<p>I am the (pick one) <input type="checkbox"/> clerk <input type="checkbox"/> secretary <input type="checkbox"/> general partner <input type="checkbox"/> manager <input type="checkbox"/> member other authorized officer and authorized signer</p> <p>The Authorized Signer(s) on behalf of the business (Company) named in the signature line below and as set forth in this Application) and/or any resolution given in connection with the Application, and Hereby certify that the following resolution was duly adopted by the (pick one) <input type="checkbox"/> manager <input type="checkbox"/> board of directors <input type="checkbox"/> members:</p>

That the Authorized Signer on behalf of the Company is authorized to: (1) apply for the Credit Union's Business Debit Card; (2) designate the deposit accounts of the Company that may be used in connection with the services rendered herein; (3) designate the employees of the Company who may use the services and any limitations on such use; and (4) complete and execute all forms, documents, and agreements required by Credit Union to use the services rendered herein.

By signing the Agreement the Authorized Signer, on behalf of the Company, agrees as follows: I certify that all the information in this Application is true and complete, and I agree that the Company is obligated to notify Credit Union of material changes to such information. Credit Union, its employees, agents, and assignees (1) are authorized to contact third parties to verify any information provided in connection with the Application, (2) may obtain credit reports, including consumer credit reports, in connection with any account as to the Company, any Authorized Signer, or User, and (3) upon receipt of an appropriate request, tell the Company, Authorized User and/or other User whether a credit report was obtained and, if so, the name and address of the reporting agency that provided it. The Application will be and remains Credit Union's property. I have read and accepted the Terms and Conditions of Your Debit Card Services with the Credit Union (Agreement) on behalf of the Company and all Authorized Signers and Users. The Company agrees to be bound by the terms and conditions of the Agreement and such other agreements as may govern specific products or services. The Company further agrees that acceptance or use of any Access Device confirms the Company's acceptance of the terms and conditions governing the Account(s). I further certify that the resolution set forth above or provided with this Application was properly adopted on or prior to the date of the Application is submitted by the Company in accordance with (and in conformity with), the Company's governing documents, has not been modified or rescinded, and is in full force and effect. I hereby acknowledge that I assume all risks associated with the use of the Cards issued to the individual Users and will hold the Credit Union harmless against all claims arising from their use.

AUTHORIZED SIGNATURE	DATE
X	
PRINT NAME:	
TITLE:	

AUTHORIZED SIGNATURE	DATE
X	
PRINT NAME:	
TITLE:	