

Business Services Application and Authorization

Organization Information

Account No. _____

Organization Name _____

Street _____

City/State/Zip _____

Office Phone _____

Email Address _____

I/We request the following services (please mark):

Debit Card Electronic Statements Online Banking (1 login per business)

I/We request the above services including debit cards for the individuals listed below:

Name _____ CS/AS _____

Name _____ CS/AS _____

Name _____ CS/AS _____

Name _____ CS/AS _____

Name _____ CS/AS _____

Name _____ CS/AS _____

X

SIGNATURE OF CONTROLLING SIGNER

DATE

X

SIGNATURE OF CONTROLLING SIGNER

DATE

For Credit Union Use Only:

Approved By _____ Member Verification _____

Please return APPLICATION to the Credit Union

By checking the boxes above and signing as a Controlling Signer you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Business Agreement and acknowledge the liability associated with electronic funds access for Controlling Signers and any other Authorized Signers granted in this application. Debit Cards issued and not utilized will become a none reissue status prior to current card expiration date.