



**Business Debit MasterCard  
Request Form**

New  Replacement (reason : \_\_\_\_\_)  Additional Card  Add Cardholder

**Business Debit MasterCard Request From**

Authorized Business Representative: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation  Limited Liability Company  Association

Member requests access to electronic terminal for the above state account(s). The Business Debit MasterCard will provide both withdrawal capabilities and debit card purchases (signature and PIN purchases). Business Member understands that Smart Financial Credit Union will issue cards to those persons authorized by the business member contained in this request. Business Member understands that Personal Identification Numbers (PIN) of the all authorized cardholders must be kept confidential. The Business Member furthers understands that Smart Financial Credit Union shall have no liability for losses occasioned by unauthorized access to or use of such numbers for the Card(s). Business Member shall immediately notify Smart Financial Credit Union of any breach or compromise of the security established by this provision. Business Members understands that a new list must be submitted whenever authorized cardholders are added or deleted as cardholder(s). Business Member agrees to the terms and conditions of this service as explained in the preceding provisions, and the Business Member Account Disclosures received at Account opening.

\_\_\_\_\_  
Authorized Representative (Business Member) Signature

\_\_\_\_\_  
Date

**List of Authorized Cardholder(s):**

**Name**

**Social Security Number**

_____	_____
_____	_____
_____	_____
_____	_____

**SFCU Use Only:**

Signature Verified by: \_\_\_\_\_ Branch \_\_\_\_\_ Date \_\_\_\_\_

Card #'s issued:

\_\_\_\_\_  
\_\_\_\_\_