



**Authorization Limits:**

___ ATM withdrawal/ATM: \$	per	:	transactions per
___ ATM withdrawal/Debit: \$	per	:	transactions per
___ Point of Sale (with PIN): \$	per	:	transactions per
___ Point of Sale (PIN-less): \$	per	:	transactions per
Cash Advances from Line of Credit:		:	

**Additional Notes:**

**Definitions.** The term "I" refers to the Cardholder, whether one or more, and the term "you" refers to the Financial Institution.

**Acknowledgment.** I have applied for the card services noted above. I further authorize you to make inquiries from any consumer reporting agency, including a check protection service, in connection with this request.

X \_\_\_\_\_ X \_\_\_\_\_  
Date Date

**Business Acknowledgment**

**Definitions.** The term "I" refers to the Authorized Signer, whether one or more, and the term "you" refers to the Financial Institution.

**Request and Authorization.** I hereby request and authorize you to accept the above Application on behalf of on whose account(s) I am an Authorized Signer, and with respect to which I have any legal authority to transact business. I have read the provided Business Access Card Agreement and Disclosure and agree to be bound by its terms. To that end, I certify that I have full authority to authorize this request and indemnify you from any and all claims related thereto.

By X \_\_\_\_\_ By X \_\_\_\_\_  
Date Date  
Its Its

By X \_\_\_\_\_ By X \_\_\_\_\_  
Date Date  
Its Its

Attested:

By X \_\_\_\_\_  
Date  
Its

Authorized by:

X \_\_\_\_\_  
Date