

BUSINESS CHECK CARD BUSINESS DEBIT CARD APPLICATION

(for business purposes only)

Business Name _____ Taxpayer ID No. _____

Corporation: for profit not for profit
 Partnership Limited Liability Company Sole Proprietorship Other _____

Country and State of Business _____

Business Address (Street, City, State & Zip) _____

Business Telephone No. (_____) _____ Business Fax No. (_____) _____

Business E-Mail _____ Business Web Page _____

Share Draft Account No. _____

Number of Cards Requested _____

Names of Card Holders: _____ (Information below is needed for activation/security verification)

1) Name _____ Soc Sec # _____ Date of Birth _____

Mother's Maiden Name _____ Driver's License # _____

2) Name _____ Soc Sec # _____ Date of Birth _____

Mother's Maiden Name _____ Driver's License # _____

3) Name _____ Soc Sec # _____ Date of Birth _____

Mother's Maiden Name _____ Driver's License # _____

4) Name _____ Soc Sec # _____ Date of Birth _____

Mother's Maiden Name _____ Driver's License # _____

Signatures: By signing below, you are requesting the Business Check Card and associated services. You agree to the terms and conditions of the Business Check Card Agreement, including and fees and charges. You further agree that the information contained in this Application is accurate. You authorize us to verify your creditworthiness and employment history, as an individual, through any necessary means, including having a consumer credit reporting agency run a consumer credit report on you.

Signature & Title _____ Date _____

Signature & Title _____ Date _____

Signature & Title _____ Date _____

Signature & Title _____ Date _____

Mail or Deliver Application to:

CHESSIE FEDERAL CREDIT UNION
P.O. BOX 689, 141 BALTIMORE STREET
CUMBERLAND, MD 21501-0689

For Institution Use

Approved Decline Additional Information _____

By _____

Date _____

Separate Authorization on File Yes No _____

Number of Cards Received _____