



# Business Debit Card Application

Accounts that require 2 signers are not eligible for the Business Debit Card

Apply online at [bankfive.com](http://bankfive.com)

Phone: 1-774-888-6100

## TELL US ABOUT YOUR COMPANY

(Please Print)

Business Name (please print as it should appear on card, max. 19 characters)

Business Phone Number

Primary Business Checking Account#

Business Tax ID Number

Business Address

City State Zip

- Sole Proprietorship     S Corporation     C Corporation  
 Limited Liability Corp.     Limited Liability Partnership  
 General Partnership     Limited Partnership     Nonprofit

## CURRENT OWNER(S) INFORMATION

(A)

Name Social Security Number

Time as Current Owner Home Phone Number % Ownership

Home Address Monthly Income

(B)

Name Social Security Number

Time as Current Owner Home Phone Number % Ownership

Home Address Monthly Income

(C)

Name Social Security Number

Time as Current Owner Home Phone Number % Ownership

Home Address Monthly Income

\*There is a default total aggregate, combined daily withdrawal limitation on all Business Debit cards, which includes a daily cash withdrawal limitation and/or purchase withdrawal limitation.

## TELL US ABOUT INDIVIDUAL CARD USERS

List each person who should receive a Business Debit Card (including yourself) and their cash withdrawal and purchase limit. If you require more cards, please make copies of this form, or call 1-774-888-6100.

### CARD USER 1

Name of Card User #1 (Please print as it should appear on card)

Social Security Number

Signature of Card User #1

Daily Cash Withdrawal Limit

Daily Purchase Limit

ACCOUNTS TO BE LINKED TO CARD  
(List account number below)

Primary Business Checking Account

Business Statement Savings Account

### CARD USER 2

Name of Card User #2 (Please print as it should appear on card)

Social Security Number

Signature of Card User #2

Daily Cash Withdrawal Limit

Daily Purchase Limit

ACCOUNTS TO BE LINKED TO CARD  
(List account number below)

Primary Business Checking Account

Business Statement Savings Account

### CARD USER 3

Name of Card User #3 (Please print as it should appear on card)

Social Security Number

Signature of Card User #3

Daily Cash Withdrawal Limit

Daily Purchase Limit

ACCOUNTS TO BE LINKED TO CARD  
(List account number below)

Primary Business Checking Account

Business Statement Savings Account

## LEGAL AGREEMENT

On behalf of the Account Holder, I/we request that BankFive issue BankFive Business Debit card(s) to the Account Holder to be used by the Card User(s) named above. The Account Holder can add or delete names from the Card User list at any time by notifying BankFive; BankFive will require a reasonable amount of time to implement any changes. The Account Holder agrees to be bound by the terms of the designated BankFive Business Disclosure. The Account Holder will notify BankFive, as instructed in the Electronic Fund Transfers Agreement and Disclosure, of any unauthorized use of a Card, Pin Number, or Account. The BankFive Business Debit card enables Card Users to make purchases anywhere Visa is accepted as well as merchants that accept PIN POS purchases. Funds are withdrawn from the primary business checking account. Card Users have access to all of the features of the Business Debit Card. Card Users may withdraw and transfer funds and get information about accounts.

Executed as an agreement this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Owner/Principal

Signature of Owner/Principal

Signature of Owner/Principal