



Mail application to:
EastRise Federal Credit Union
PO Box 527, Williston, VT 05495

BUSINESS DEBIT CARD APPLICATION

SECTION A – BUSINESS PROFILE

Legal Name of Business: _____

(maximum 21 characters)

Business Physical Address (must not be PO Box): _____

Business Mailing Address (if different from above): _____

Legal Structure:

- Sole proprietorship LLC LLP
- Limited partnership B-Corporation C-Corporation
- S-Corporation Nonprofit
- Other _____

EastRise Account #: _____

Tax ID #: _____

Business Member #: _____

Business Phone #: _____

Business Fax: _____

Mobile Phone #: _____

Email Address: _____

SECTION B – CARD INFORMATION

First Cardholder's Name (as it should appear on card)

Name (please print): _____

Cardholder Signature: _____

Date of Birth: _____

Social Security Number: _____

Third Cardholder's Name (as it should appear on card)

Name (please print): _____

Cardholder Signature: _____

Date of Birth: _____

Social Security Number: _____

Second Cardholder's Name (as it should appear on card)

Name (please print): _____

Cardholder Signature: _____

Date of Birth: _____

Social Security Number: _____

Business Debit Card Authorization

- Card access to my (our) Business Checking account ONLY
- Card access to BOTH my (our) Business Checking account and Business Savings account.

AUTHORIZATION

I (We) agree that by signing and using the Business Debit Card(s), I (we) acknowledge and agree on behalf of the business and myself (ourselves) that:

1. Everything stated on this application is true and correct to the best of my (our) knowledge.
2. I (We) have read and agree to all of the terms and pricing presented to me (us).
3. The terms of my (our) account(s), including annual percentage yields, are subject to change.
4. EastRise is authorized to verify and/or obtain any information necessary to process this application.
5. I (We) agree to review the Business Member Service Agreement Part 2 and Business Rate and Fee Disclosure.
These disclosures were provided to you upon opening an account or service and can be located on our website.
6. Whether approved or denied, this application will remain the property of EastRise.
7. EastRise is authorized to obtain credit reports in connection with this application.

Cardholders must be signers on the accounts

Signature: _____

Date: _____

Signature: _____

Date: _____

FOR CREDIT UNION USE ONLY

Add ATM Cardholder Role

Consultant Ordered: _____

Date Forwarded: _____

Approved by: _____

Date Approved: _____

Ordered by: _____

Date Ordered: _____

Card Number(s)

Card 1: _____

Card 2: _____

Card 3: _____