



BUSINESS DEBIT CARD APPLICATION

Note: This is not a credit card

First National Bank

BUSINESS INFORMATION

Business Name: _____ Tax ID Number: _____
 Address: _____
 Business Phone: _____ Business Fax: _____

AUTHORIZED SIGNER INFORMATION

On behalf of the account holder, by signing below, I request that you issue a First National Bank Business Check Card to the account holder to be used by the Cardholder(s) listed in this application. I certify that I am an authorized signer of the checking account(s) listed in this application, and agree to be bound by the Business Check Card terms and conditions, and by any other agreement related to such listed checking accounts.

Name: _____
 Phone: _____
 Address: _____

Signature of Authorized Signer _____ Date: _____

CARDHOLDER 1

Name: _____
 Date of Birth: _____
 Phone: _____
 Social Security Number: _____
 Address _____

 ID: _____
 Occupation: _____

CARDHOLDER 2

Name: _____
 Date of Birth: _____
 Phone: _____
 Social Security Number: _____
 Address _____

 ID: _____
 Occupation: _____

CARDHOLDER 3

Name: _____
 Date of Birth: _____
 Phone: _____
 Social Security Number: _____
 Address _____

 ID: _____
 Occupation: _____

ATTACHED ACCOUNTS

Checking

Primary _____
 Secondary _____

Savings

Primary _____
 Secondary _____

Credit Line

Primary _____

Limits

Daily Purchase Limit
 \$2,500 Other - \$ _____
 Daily Cash Withdrawal Limit
 \$500 Other - \$ _____

Signature of Cardholder _____ Date: _____

Card #:

ATTACHED ACCOUNTS

Checking

Primary _____
 Secondary _____

Savings

Primary _____
 Secondary _____

Credit Line

Primary _____

Limits

Daily Purchase Limit
 \$2,500 Other - \$ _____
 Daily Cash Withdrawal Limit
 \$500 Other - \$ _____

Signature of Cardholder _____ Date: _____

Card #:

ATTACHED ACCOUNTS

Checking

Primary _____
 Secondary _____

Savings

Primary _____
 Secondary _____

Credit Line

Primary _____

Limits

Daily Purchase Limit
 \$2,500 Other - \$ _____
 Daily Cash Withdrawal Limit
 \$500 Other - \$ _____

Signature of Cardholder _____ Date: _____

Card #:

BANK USE ONLY

APPLICATION DETAILS

Application Taken By: _____
 Application Date: _____
 Branch: _____
 Portfolio: _____
 Approved By: _____
 Date: _____
 Telephone: _____

SPECIAL DELIVERY REQUEST

If the card is to be delivered to a one-time alternate address, please upload this signed application to the Maintenance Supporting Documentation queue in Web Director. If Express Card or Pull Card is selected, fax the completed application to Card Services at 724-983-3409.

Express Card (No PO Box) Street: _____
 Pull Card City/State/Zip: _____