



SHELBY COUNTY STATE BANK

SHELBYVILLE, ILLINOIS

Business Account Debit/ATM Card Application

I would like to apply for the following:

Debit Card ATM Card Number of cards requested: _____

Business Information

Business name: _____

Address: _____

City, State, Zip: _____

Phone number: (____) _____ Tax ID number: _____

Account type: _____ Account #: _____

Account type: _____ Account #: _____

Name(s) of person(s)
to issue cards to:

Transaction Limitation(s)
Type (ex: Point of Sale/ATM), Amount per Day

- | | | |
|----------|-----------|----------|
| 1. _____ | POS / ATM | \$ _____ |
| 2. _____ | POS / ATM | \$ _____ |
| 3. _____ | POS / ATM | \$ _____ |
| 4. _____ | POS / ATM | \$ _____ |

Signatures: By signing below, you, the undersigned, request the described service(s) and agree that all information in this application is accurate. You agree to the terms of the requested service, including fees and charges, and you acknowledge receipt of the following on behalf of yourself and the entity you represent:

Business Debit Card Agreement: You authorize us to verify your creditworthiness and employment history, as the individual through any necessary means, including preparation of a credit report by a consumer reporting agency.

Signature: _____ Signature: _____

Title: _____ Date: _____ Title: _____ Date: _____

Social Security #: _____ Social Security #: _____

Signature: _____ Signature: _____

Title: _____ Date: _____ Title: _____ Date: _____

Social Security #: _____ Social Security #: _____

Received By: _____ Date: _____

For SCSB Use

Declined

Approved By: _____ POS Limit: _____ ATM Limit: _____ Date: _____

If it's important to you...it's important to us