



SHELBY COUNTY STATE BANK

SHELBYVILLE, ILLINOIS

Business Account Debit Card Application

Number of cards requested: _____

Business Information

Business Name: _____

Address: _____

Phone Number: _____ Tax ID Number: _____

Checking Account : _____

1. _____	Name(s) of person(s) to issue cards to:	Transaction Limitation(s)	
		Type (ex: Point of Sale/ ATM),	Amount per Day
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: _____

Title: _____ Date: _____

Social Security #: _____

Signature: _____

Title: _____ Date: _____

Social Security #: _____

Signature: _____

Title: _____ Date: _____

Social Security #: _____

Signature: _____

Title: _____ Date: _____

Social Security #: _____

For SCSB Use

Received By: _____ Date: _____

Declined

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

Card Number: _____ Precision: _____ Exp: _____

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