



**SHELBY COUNTY  
STATE BANK**  
COMMUNITY BANKING EXPERTS SINCE 1895

**BUSINESS ACCOUNT  
DEBIT CARD**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
city, state, zip

Phone #: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Checking Account: \_\_\_\_\_

Requested daily Limits: Cash: \$ \_\_\_\_\_ Purchases: \$ \_\_\_\_\_

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

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

*SIGNATURES: By signing below, you, the undersigned, request the described service(s) and agree that all information on 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.*

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

POS Limit \$ \_\_\_\_\_ ATM Limit \$ \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Card@Once: \_\_\_\_\_ Precision: \_\_\_\_\_ CC: \_\_\_\_\_