



JEFFERSON BANK BUSINESS VISA  
CHECK CARD APPLICATION

**AUTHORIZED CARDHOLDERS**

1 Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(PRINT CLEARLY LEGAL NAME)

Residential Address \_\_\_\_\_  
(PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License#, State \_\_\_\_\_

Cardholder's Role:  Owner  Signer  Employee (NOT A SIGNER)  
(IF OWNER, SIGNATURE BELOW IS NOT REQUIRED)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Limit \_\_\_\_\_ Limit \_\_\_\_\_  
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00) ATM (NOT TO EXCEED \$500.00)

2 Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(PRINT CLEARLY LEGAL NAME)

Residential Address \_\_\_\_\_  
(PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License#, State \_\_\_\_\_

Cardholder's Role:  Owner  Signer  Employee (NOT A SIGNER)  
(IF OWNER, SIGNATURE BELOW IS NOT REQUIRED)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Limit \_\_\_\_\_ Limit \_\_\_\_\_  
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00) ATM (NOT TO EXCEED \$500.00)

3 Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(PRINT CLEARLY LEGAL NAME)

Residential Address \_\_\_\_\_  
(PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License#, State \_\_\_\_\_

Cardholder's Role:  Owner  Signer  Employee (NOT A SIGNER)  
(IF OWNER, SIGNATURE BELOW IS NOT REQUIRED)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Limit \_\_\_\_\_ Limit \_\_\_\_\_  
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00) ATM (NOT TO EXCEED \$500.00)

4 Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(PRINT CLEARLY LEGAL NAME)

Residential Address \_\_\_\_\_  
(PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License#, State \_\_\_\_\_

Cardholder's Role:  Owner  Signer  Employee (NOT A SIGNER)  
(IF OWNER, SIGNATURE BELOW IS NOT REQUIRED)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Limit \_\_\_\_\_ Limit \_\_\_\_\_  
Visa, Point of Sale, Cash Advance (NOT TO EXCEED \$2,000.00) ATM (NOT TO EXCEED \$500.00)

**BANK USE**

Approving Officer \_\_\_\_\_ Branch \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_