

Jefferson Bank Business Visa® Debit Card Application

Please complete the application and bring it to the Jefferson Banking Center nearest you or mail it to the address at the bottom of this page.

CHECK THIS BOX IF YOU WANT THE CARD(S) MAILED.

COMPANY INFORMATION

Company Name _____
(PRINT CLEARLY AS IT APPEARS ON THE BUSINESS CHECKING ACCOUNT)

Ownership:

Sole Proprietor	Corporation	General Partnership	Limited Partnership
Club/Association	Professional Corporation	Public Entity	Limited Liability Company
Non-Reporting DBA* <small>(CONTACT CARD OPS)</small>	Trust		

Business Address _____
(PRINT CLEARLY THE PHYSICAL LOCATION OF BUSINESS INCLUDING CITY, STATE AND ZIP)

Check box if the mailing address is the same as the business location address.

Mailing Address _____
(PRINT CLEARLY INCLUDING CITY, STATE AND ZIP)

Employer Identification Number _____ Business Phone _____

Primary Checking _____
*ATM, POINT OF SALE AND VISA TRANSACTIONS

BUSINESS RESOLUTION (COMPLETE IF CORPORATION, PARTNERSHIP, LLC, PUBLIC ENTITY OR CLUB/ASSOCIATION. FOR SOLE PROPRIETOR, PLEASE SKIP TO BUSINESS AUTHORIZATION.)

_____, certify that I am the Secretary, or other Equivalent Officer, or Partner and hereby certify that:

(1)The company requests for a Business Debit Card to be issued to the Cardholders designated on behalf of the Company in accordance with the Business Debit Card Application and Cardholder Agreement.

(2)The company may designate the Deposit Accounts owned by the Company to be used with the Business Debit Card.

(3)The company may designate the Authorized Cardholders to be issued a Business Debit Card.

Signature _____ Date _____
SECRETARY OR EQUIVALENT OFFICER

BUSINESS AUTHORIZATION – BUSINESS OWNER(S)

By signing this Application, I warrant that I am the owner of the deposit account designated above and all other deposit accounts maintained by the business entity named above at Jefferson Bank. I am duly authorized to act on behalf of the Company with respect to the deposit account designated above and all other accounts maintained by Company at Bank pursuant to resolutions duly adopted by Company and provided to Bank.

On behalf of the Company, I further warrant that all of the accounts maintained by the Company at Bank (including the account designated above) were established and are used exclusively for business purposes and not for personal, family or household purposes. I warrant that I have the authority to sign this application and to enter into the [Business Visa Debit Card Agreement](#) (click link to access agreement) with regard to the above referenced Account in the capacity herein stated. On behalf of the Company, I request Bank to issue a Business Visa Debit Card to each Cardholder named in this Application, and I acknowledge that each such Cardholder and anyone else allowed to use a Card will be able to access funds on deposit in the account(s) maintained by the Company at Bank, whether or not such individual is named as a signer on such account(s), all as fully set forth in the Agreement being executed on behalf of Company and Bank. I understand that the Agreement governs the use of Cards and the liability of the Company with respect to the use of Cards.

Authorized Signer(s):

Date _____ Date _____

Signature _____ Signature _____

Printed Name _____ Printed Name _____

Title _____ Title _____



Card Services Department
PO Box 5190 • San Antonio, Texas 78201-0190
Phone (210) 736-7800

JeffersonBank.com



B6017-0423

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