



PISGAH
COMMUNITY BANK

BUSINESS ATM/DEBIT CARD APPLICATION

NAME OF COMPANY:
ADDRESS:
CITY, STATE, ZIP:
BUSINESS PHONE NUMBER:
TAX ID NUMBER:
YEAR ESTABLISHED:
NATURE OF BUSINESS:

Principal Applicant Information:

NAME:
TITLE:
HOME ADDRESS:
CITY, STATE, ZIP:
HOME PHONE:
SOCIAL SECURITY NUMBER:

ACCOUNTS HELD

Checking Savings Money Market

BUSINESS ACCOUNT NUMBER:

Please consider this application for the following: -Choose Card Type-

Signature Authorizations

The undersigned (authorized account holder represents, warrants, and certifies that the information provided herein is true, correct and complete, and agrees to the terms and conditions outlined. The bank is authorized to make all inquiries they deem necessary to verify the accuracy of the information contained herein, to determine the creditworthiness of the undersigned, and to disclose any of this information to the Bank's affiliates for the purpose of evaluating the credit application. The undersigned authorizes any person or credit-reporting agency to give the bank any information it may have on the undersigned, and authorizes the bank to answer questions about your credit experience with the undersigned.

Signature of Authorized Account Holder: _____
Type Applicants Name Here

Additional Cardholders:

Signature of Authorized Cardholder: _____

Signature of Authorized Cardholder: _____

Signature of Authorized Cardholder: _____

BUSINESS ACCOUNT HOLDERS ONLY:

Subject to the liability notices in your disclosure statement regarding unauthorized use of this account, as a business user of this account, you may be held liable for any unauthorized use of your electronic funds transfer device initiated before the time you notify the financial institution that your personal identification number has been compromised, if you do any of the following:

- (a) Write the personal identification number on the card.
- (b) Keep the personal identification number with the card.
- (c) Voluntarily permit the account-accessing device, including the personal identification number and the card to come into the possession of a person who makes or causes to be made an unauthorized use.

By signing below, customer acknowledges receipt of this notice.

By: _____
Signature of Authorized Account Holder

Date: _____

Printed Name: _____

Title: _____

Bank Use Only		
Daily Dollar Limit _____	Personal Account Number _____	Date _____
Point of Sale _____	Officer _____	