

# Southbridge Savings Bank Visa® Business Check Card Application

This application may be used to apply for a Southbridge Savings Bank Business Visa Check Card

In order to issue a card to an individual who is not an authorized signer on the account, the owner of the business or an authorized signer must sign the application.

Please print clearly. Only one letter, symbol or space per box.

Name of Business or Organization

Business Address

City

State

Zip Code

Business Telephone Number

Business Tax Identification Number

Primary Business Checking Account Number

Primary Savings Account Number

(Required for Visa Check Card)

Alternate/Other Account Number

**Changes in Authorized Users:** Business Check Cards are issued for use by an assigned individual authorized by the company or organization. You agree to obtain the card from the assigned individual and notify us in writing if the individual is no longer authorized to use the card. The company or organization shall be liable for any authorized or unauthorized use of the card by officers, employees and affiliates of the company or organization. Notification shall be made by a person(s) who is/are duly authorized to act on behalf of the organization.

## Authorized Cardholder #1

First Name

Last Name

Signature \_\_\_\_\_

Authorized Cardholder Access

(Please check all that apply)

- Balance Inquiry
- Transfer
- Withdrawal
- Deposit
- Point-of-Sale

## Authorized Cardholder #2

First Name

Last Name

Signature \_\_\_\_\_

Authorized Cardholder Access

(Please check all that apply)

- Balance Inquiry
- Transfer
- Withdrawal
- Deposit
- Point-of-Sale

## Authorized Cardholder #3

First Name

Last Name

Signature \_\_\_\_\_

Authorized Cardholder Access

(Please check all that apply)

- Balance Inquiry
- Transfer
- Withdrawal
- Deposit
- Point-of-Sale

Authorization: By signing below, I am applying for a Southbridge Savings Bank VISA Business Check Card. I understand the Check Card is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my Southbridge Savings Bank primary business checking account only. I authorize Southbridge Savings Bank to verify information provided above and to request a credit report if necessary. The Southbridge Savings Bank Business VISA Check Card is available to qualified customers only. Other requirements apply. I agree to be bound by the terms and conditions for business debit cards as set by the Southbridge Savings Bank Cardholder Agreement.

**Business Owner/Duly Authorized Signer Signature**

\_\_\_\_\_

SSB Representative  
please attach all PIN selection cards to application.

Please select a PIN number for each card requested. The primary account holder and each additional cardholder should select separate PIN numbers for security purposes.

**Cardholder #1 Name**

**PIN Selection**

**Cardholder #2 Name**

**PIN Selection**

**Cardholder #3 Name**

**PIN Selection**