

DEBIT CARD APPLICATION FOR BUSINESS ACCOUNTS



CUSTOMER INFORMATION

Business Name

Tax ID Number

Corporation

For Profit

Not for Profit

Partnership

Limited Liability Company

Sole Proprietorship

Other

Street Address

City

State

Zip

Business Phone Number

Business Fax Number

Business Email

Business Web Page

Checking Account Number

Name

Dollar Limits

CUSTOMER SIGNATURE

Signature: By signing below, you are requesting a First State Bank Business Debit Card and associated services. You agree to the terms and conditions of the First State Bank Business Debit Card Agreement, including any fees and charges. You further agree that the information contained in this application is accurate. You authorize us to verify your creditworthiness and employment history, as an individual, through any necessary means, including having a consumer credit reporting agency run a consumer credit report on you.

Signature & Title

Date

Mail or Deliver Application to: [First State Bank, Attention: ATM Department, 24300 Little Mack, St. Clair Shores, Michigan 48080](#)
Upon approval, your PIN and Debit Card should arrive in separate mailings within 10-12 business days.

FOR BANK USE

Approved

Declined

By: _____

Date: _____

Separate Authorization on File

Yes No