

**ALABAMA TEACHERS CREDIT UNION
VISA® BUSINESS DEBIT CARD APPLICATION**

ACCOUNT AND BUSINESS INFORMATION					
ACCOUNT NAME / BUSINESS NAME			ACCOUNT NUMBER		SUFFIX
ADDRESS			BUSINESS PHONE		
CITY	STATE	ZIP	TYPE OF ENTITY		
NEW OR EXISTING EMBOSSED DEBIT CARD (7 10 BUSINESS DAY WAIT)					
<input type="checkbox"/> DEBIT <input type="checkbox"/> ATM (Shares Only)					
NEW INSTANT ISSUE CARD					
<input type="checkbox"/> DEBIT <input type="checkbox"/> ATM (Shares Only)					
EXISTING INSTANT ISSUE CARD					
Must Verify Driver's License Number _____			FEE (134-000)		
			SHARE	SHARE DRAFT	CASH
<input type="checkbox"/> DEBIT <input type="checkbox"/> ATM (Shares Only) <input type="checkbox"/> PIN Only					
AUTHORIZED SIGNER(S) PER BUSINESS RESOLUTION					
SIGNATURE		PRINT NAME		<input type="checkbox"/> ORDER CARD <input type="checkbox"/> ORDER PIN	
				<input type="checkbox"/> NAME ON CARD (up to 22 characters)	

CERTIFICATION		
INITIAL :		
FOR SOLE PROPRIETORS:		
I am the sole proprietor and authorized signer on behalf of the entity named stated above and as set forth in the application.		
FOR CORPORATIONS, PARTNERSHIPS, LLCs, ASSOCIATIONS/UNINCORPORATED ASSOCIATIONS/ORGANIZATIONS:		
The authorized signer(s) on behalf of the business (entity) as set forth in this application and/or any resolution given in connection with the application, hereby certify that the following resolution was duly adopted and that the authorized signer on behalf of the entity is authorized to: (1) apply for Alabama Teachers Credit Union (ATCU) VISA® Business Debit Card(s); (2) designate the deposit accounts of the entity that may be used in connection with the services rendered herein; (3) designate the employees of the entity who may use the services and any limitations on such use; and (4) complete and execute all forms, documents, and agreements required by ATCU to use the services rendered herein.		
By signing below, the authorized signer on behalf of the entity agrees as follows: I certify that all the information in this application is true and complete, and I agree that the entity is obligated to notify ATCU of material changes to such information. ATCU, its employees, agents, and assignees (1) are authorized to contact third parties to verify any information provided in connection with the application, (2) may obtain credit reports, including consumer credit reports, in connection with any account as to the entity, any authorized signer, or user, and (3) upon receipt of an appropriate request, tell the entity, authorized user and/or other user whether a credit report was obtained and, if so, the name and address of the reporting agency that provided it. The application will be and remains the property of ATCU. I have read and accepted the ATCU Business Master Account Agreement and Disclosures on behalf of the entity and all authorized signers and users. The entity agrees to be bound by the terms and conditions of the Agreement and such other agreements as may govern specific products or services. The entity further agrees that acceptance or use of any card confirms the entity's acceptance of the terms and conditions governing the account(s). I further certify that the resolution set forth above or provided with this application was properly adopted on or prior to the date of the application is submitted by the entity in accordance with (and in conformity with), the entity's governing documents, has not been modified or rescinded, and is in full force and effect. I hereby acknowledge that I assume all risks associated with the use of the cards issued to the individual users and will hold ATCU harmless against all claims arising from their use.		
AUTHORIZED SIGNATURE	PRINT NAME	TITLE
VERIFICATION		
ATCU REPRESENTATIVE SIGNATURE		DATE
KEYED BY		DATE KEYED