

If completing by hand, please use black ink only.

We hereby request Visa Business check card(s) from Adelfi to be issued to the cardholder(s) listed below. The Master Signer(s) listed below certify that all information provided with this request is accurate and complete. We agree to be bound by the [Visa Business Check Card Agreement Terms and Conditions](#) and the [Ministry and Business Account Agreement and Disclosures](#), and agree to all provisions contained therein and all future amendments thereof.

1) ORGANIZATION INFORMATION

LEGAL NAME OF ORGANIZATION

EMPLOYER IDENTIFICATION NUMBER (TAX I.D.)

2) CARDHOLDER INFORMATION

Mother's Maiden Name is required for identification purposes. Additional information may be requested.

Account Number(s) entered will be accessible by the cardholder and are not to exceed one (1) checking and one (1) savings account per card. Unless otherwise stated, all fields are required.

1.

PRINTED NAME OF CARDHOLDER

MOTHER'S MAIDEN NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

CHECKING ACCOUNT NUMBER (REQUIRED)

SAVINGS ACCOUNT NUMBER (OPTIONAL)

2.

PRINTED NAME OF CARDHOLDER

MOTHER'S MAIDEN NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

CHECKING ACCOUNT NUMBER (REQUIRED)

SAVINGS ACCOUNT NUMBER (OPTIONAL)

3.

PRINTED NAME OF CARDHOLDER

MOTHER'S MAIDEN NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

CHECKING ACCOUNT NUMBER (REQUIRED)

SAVINGS ACCOUNT NUMBER (OPTIONAL)

4.

PRINTED NAME OF CARDHOLDER

MOTHER'S MAIDEN NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

CHECKING ACCOUNT NUMBER (REQUIRED)

SAVINGS ACCOUNT NUMBER (OPTIONAL)

3) CORPORATE AUTHORIZATION

This service is subject to fee(s). Please review the "Visa Business Check Card" section of Adelfi's [Ministry and Business Account Information and Fee Schedule](#) and the [Visa Business Check Card Agreement](#) before requesting this service.

One (1) or two (2) Master Signers are required to sign, as designated on your Master Authorization for All Deposit Accounts and Services form.

X
MASTER SIGNER SIGNATURE

DATE

X
MASTER SIGNER SIGNATURE

DATE

PRINTED NAME

PRINTED NAME

TITLE

TITLE