



BUSINESS VISA DEBIT CARD APPLICATION

Applicant Information

Business Name _____ Telephone Number _____
 Address _____ City _____
 State _____ Zip Code _____

Type of Organization: Proprietorship Partnership Corporation Limited Liability Company

Account Number: _____ Share Type*: _____

* **Note:** Business Visa Debit Cards are not available on accounts requiring two-signatures for withdrawal. All applications are subject to review before approval and debit card issuance.

Card #1

Name: _____ Signature: _____

Card #2

Name: _____ Signature: _____

In the section below, the words “I” and “me” refer to the signers below. “You” refers to Coast Central Credit Union. I certify the accuracy of the information in this application given and I will notify you in writing immediately if there is any change in my financial condition. It is a violation of Section 1014, Title 18, US Code, to make a false statement or overvalue security for the purpose of influencing the action of any federally-insured credit union. I authorize you to gather whatever credit information you consider appropriate from time to time. I authorize you to give information concerning your credit experience with me to others. I understand and agree that you may retain this application and any other credit information you may receive.

The Credit Union is authorized to rely on the information provided in this Agreement and Authorization until it receives written notice of change. In the case of corporations, associations, and limited liability companies, this notice must be in the form of a resolution, certified by the Secretary or Manager(s).

I agree that by using or authorizing another to use the Visa Debit Card, I will be bound by the terms and conditions set forth in this application as well as the terms and conditions set forth in the Coast Central Credit Union Visa Debit Card Agreement; receipt of which is hereby acknowledged by the undersigned on behalf of the Company named above.

By: _____ Date _____
 Authorized Signature

By: _____ Date _____
 Authorized Signature

Print Name and Title: _____

Print Name and Title: _____

FOR CREDIT UNION USE:	
Received by: _____	Approved by: _____