**adelfi**
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Brea, CA 92822–2400
800.634.3228   714.671.5705 (International)   Fax: 714.671.5775

# VISA BUSINESS CHECK CARD APPLICATION

Please complete electronically, or if printed 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 _____        X _____

MASTER SIGNER SIGNATURE        DATE        MASTER SIGNER SIGNATURE        DATE

PRINTED NAME        PRINTED NAME

TITLE        TITLE