

Instructions:

LFCU, Attn: Support Services, P.O. Box 120128

Newport News, VA 23612 Fax: 757-825-7522

If approved, your card will be mailed to you.



BUSINESS DEBIT CARD APPLICATION

Business or Organization

Member # _____ S- _____

Business Name: _____ Tax ID#: _____

Business Address: _____ City: _____

State: _____ Zip: _____ - _____ Business Phone: (____) _____ Alternate Phone: (____) _____

*Owner must furnish this information to all card holders. * Business Start Date: _____ * Code Word: _____

Business Debit Card Agreement:

By signing this authorization to order a Langley Federal Credit Union VISA Business Debit Card, I hereby understand that the consumer regulations regarding unauthorized transactions do not apply.

Therefore:

- I am responsible for controlling access and use of the Debit Card and Personal Identification Number (PIN).
- Each cardholder and account owner shall be jointly and severally liable to Langley Federal Credit Union for all transactions, whether authorized or not.
- I agree that by allowing anyone to use my Debit Card, I shall be responsible for all authorized and unauthorized transactions made through use of my card.
- I also agree to immediately notify Langley Federal Credit Union of revocation of any previously authorized cardholder. Langley Federal Credit Union shall cancel and reissue cards.
- I further agree to assist Langley Federal Credit Union in the investigation and prosecution of claims for unauthorized transactions by completing the appropriate statements and reports requested by the credit union.

Signing below indicates that I am an authorized signer on the Business Checking Account accessed by the card and PIN, and that I agree to the terms stated above. Cards shall not be issued without appropriate completed account resolutions.

ACCOUNTS AND ACCOUNT SERVICES: RESOLVED, that Langley Federal Credit Union is designated a depository institution of this Entity and is authorized to recognize that any one of the signature(s) of any person designated below, ("Authorized Person(s)") who has signed a Signature Card for any of this Entity's Accounts, in opening any accounts or related services, paying funds, or transacting any business related to any such account(s) or services with Langley Federal Credit Union [including but not limited to all financial services the Credit Union offers now or in the future, safe deposit box leases and all other services offered to members] which authority will remain in full force and effect until Langley Federal Credit Union receives further instructions in writing from this Entity. The Credit Union is likewise authorized to recognize any facsimile signature or endorsement of this Entity or any authorized person, whether authorized or unauthorized. This authority includes the authority to open any new accounts or services, and to enter into any changes, modifications or accommodations. FURTHER RESOLVED, that the Authorized Person(s) may authorize the use and access of accounts and services, and the issuance of any access device the Entity may obtain from the Credit Union for access and use of any accounts and/or services the Credit Union offers now or in the future, to the employees, agents or any other persons the Authorized Person(s) appoint or designate from time to time; and such authorization shall be deemed as authorized herein. FURTHER RESOLVED, that this Entity agrees that all accounts will be governed by the terms and conditions set forth in Langley Federal Credit Union's Membership Account Agreements, any Account Disclosures or Fee Schedules, any Agreement required to open any account(s) and all bylaws, policies, procedures, statutes and regulations governing Langley Federal Credit Union or any account.

As owner of the above named business or organization, I, _____ attest that the
(Print Name)

following individual(s) is/are authorized to sign checks on the above account and to access the above checking and savings accounts through the use of a Langley Federal Credit Union VISA Business Debit Card.

(Owner's Signature)

(Date)

Authorized Card Users

Name One _____ Title _____ Signature _____
(Print Name)

Name Two _____ Title _____ Signature _____
(Print Name)

Name Three _____ Title _____ Signature _____
(Print Name)

Name Four _____ Title _____ Signature _____
(Print Name)

Internal Use Only

App. Rec'd ____/____/____ Verified Signature (Branch & Initials & Teller #) _____ ID Verified _____ Proc By (Support Svcs) _____