

# Business Debit Card Application

*Get greater spending power and flexibility with a MasterCard® Business Debit Card.*

- Better Recordkeeping of Business Expenses
- Multiple Cards for Employees, each with Assigned Spending Limits
- Travel Assistance
- MasterRental Insurance
- Purchase Assurance Insurance
- Extended Warranty
- MasterCoverage Liability Protection Program

If you wish to have other authorized users in this program, please complete the authorized user form on the back.

|                   |       |  |       |  |
|-------------------|-------|--|-------|--|
| Name of Business  |       | Business Address                                     |       |  |
| City              | State | ZIP  | Phone |  |
| Business Contact: |       | Mailing Address (If Different from Business Address) |       |  |
| City              | State | ZIP  | Phone |  |
| Cardholder Name   | SSN   | DOB  |       |  |
| Cardholder Name   | SSN   | DOB  |       |  |

Account number you wish your Business Debit Card to access

The undersigned applicant agrees that Farmers Trust & Savings Bank is to rely solely on account documents signed by the business to determine authorization for this service (i.e., Corporate Resolutions, Partnership Agreement, Sole Proprietorship, etc.). All aspects relating to this service will be subject to the terms and conditions of a written agreement to be entered into between applicant and Farmers Trust & Savings Bank.

The applicant agrees all information is accurate and authorizes Farmers Trust & Savings Bank to request financial information on applicant.

Owner/Principal of Business (signature) \_\_\_\_\_ Date \_\_\_\_\_

\*Second Principal of Business (signature) \_\_\_\_\_ Date \_\_\_\_\_

\*If required by the applicant's business documents.

|                      |
|----------------------|
| <b>Bank Use Only</b> |
| Card # ordered _____ |



# Business Debit Card Authorized User

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Contact

\_\_\_\_\_  
SSN

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Authorized User

\_\_\_\_\_  
Signature

Daily Cash Withdrawal Limit: (if under \$500) \$ \_\_\_\_\_ Daily Purchase Limit: (if under \$1,000) \$ \_\_\_\_\_

If Debit card is used at an ATM, the available balance will print on the receipt.

If you wish to have more than one authorized user in this program, please attach a separate sheet of paper, or fill out an additional authorized user form. Be sure to include individual's name, SS#, DOB, signature and daily cash withdrawal limit and daily purchase limit, if under the defaults listed above.

Account number you wish your Business Debit Card to access:

\_\_\_\_\_  
The undersigned applicant agrees that Farmers Trust & Savings Bank is to rely solely on account documents signed by the business to determine authorization for this service (i.e., Corporate Resolutions, Partnership Agreement, Sole Proprietorship, etc.). All aspects relating to this service will be subject to the terms and conditions of a written agreement to be entered into between applicant and Farmers Trust & Savings Bank.

The applicant agrees all information is accurate and authorizes Farmers Trust & Savings Bank to request financial information on applicant.

\_\_\_\_\_  
Owner/Principal of Business (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Second Principal of Business (signature)

\_\_\_\_\_  
Date

\*If required by the applicant's business documents.

Bank Use Only

\_\_\_\_\_  
Card # ordered