



BUSINESS ATM/DEBIT CARD APPLICATION

NAME OF COMPANY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

BUSINESS PHONE NUMBER: _____

TAX ID NUMBER: _____

YEAR ESTABLISHED: _____

NATURE OF BUSINESS: _____

Lansing Office:
200 Washington Square North
Lansing, MI 48933
517.484.5080

PRINCIPAL APPLICANT INFORMATION:

NAME: _____

TITLE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

SOCIAL SECURITY NUMBER: _____

Meridian Office:
4792 Marsh Road
Okemos, MI 48864
517.347.1006

ACCOUNTS HELD Checking Savings Money Market

BUSINESS ACCOUNT NUMBER: _____

Please consider this application for the following: ATM Application VISA/Debit Application

- *If you do not qualify for a VISA Check Card, your application will automatically be considered for an ATM Card.*

Signature Authorizations

The undersigned (authorized account holder) represents, warrants, and certifies that the information provided herein is true, correct and complete, and agrees to the terms and conditions outlined. The bank is authorized to make all inquiries they deem necessary to verify the accuracy of the information contained herein, to determine the creditworthiness of the undersigned, and to disclose any of this information to the Bank's affiliates for the purpose of evaluating the credit application. The undersigned authorizes any person or credit reporting agency to give the bank any information it may have on the undersigned, and authorizes the bank to answer questions about your credit experience with the undersigned.

Signature of Authorized Account Holder: _____

Print Name of Authorized Account Holder: _____

Additional Cardholders:

Signature of Authorized Cardholder: _____

Signature of Authorized Cardholder: _____

Signature of Authorized Cardholder: _____

BUSINESS ACCOUNT HOLDERS ONLY:

Subject to the liability notices in your disclosure statement regarding unauthorized use of this account, as a business user of this account, you may be held liable for any unauthorized use of your electronic funds transfer device initiated before the time you notify the financial institution that your personal identification number has been compromised, if you do any of the following:

- (a) Write the personal identification number on the card.
- (b) Keep the personal identification number with the card.
- (c) Voluntarily permit the account accessing device, including the personal identification number and the card to come into the possession of a person who makes or causes to be made an unauthorized use.

ADDITIONAL MICHIGAN ELECTRONIC FUNDS TRANSFER DISCLOSURES:

These additional disclosure statements are subject to the account terms and conditions and other applicable disclosures provided to you.

Pursuant to Michigan law, the receipt provided at the time of your electronic fund transfer and your account statements are admissible as evidence.

By signing below, customer acknowledges receipt of these notices.

By: _____
Signature of Authorized Account Holder

Date: _____

Printed Name: _____

Title: _____



FOR FINANCIAL INSTITUTION USE ONLY

Daily Dollar Limit _____

Personal Account Number _____

P.O.S. _____

Date _____

Officer _____