



# Business WESTCheck<sup>SM</sup> Debit Card APPLICATION

WESTconsin Credit Union Member # \_\_\_\_\_

Membership Savings Account Suffix #00

Checking Account Suffix #8

## Business/Organization Information

Business Name

Street Address

City

State

Zip Code

## Authorized Signer #1

Name

First

Last

PLEASE LEAVE THIS AREA BLANK

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Debit Card Number 547351000

## Authorized Signer #2

Name

First

Last

PLEASE LEAVE THIS AREA BLANK

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Debit Card Number 547351000

The undersigned give(s) the information in this application for the purpose of obtaining a Business WESTCheck<sup>SM</sup> Debit Card from WESTconsin Credit Union. I/We certify that the information is true and complete and authorize WESTconsin Credit Union to investigate my/our financial responsibility through any reasonable means. I/We have received and will comply with WESTconsin Credit Union's BUSINESS MEMBERSHIP AND ACCOUNT AGREEMENT, ELECTRONIC FUND TRANSFERS AGREEMENT AND DISCLOSURE and SERVICE CHARGES AND FEES SCHEDULE. I/We understand that if I/We receive a debit card and have overdrafts in a period of time, WESTconsin Credit Union may close my/our account. In addition, I/we understand and agree that each person who holds a card to access this account and any persons to whom the card is given may access my/our account with it.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED SIGNER #1

Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED SIGNER #2

Date \_\_\_\_\_

**Please drop the completed application off at your local office or mail to:**

WESTconsin Credit Union  
Attn: Electronic Services Dept.  
PO Box 160  
Menomonie, Wisconsin 54751