

Business VISA Check Card Application



THE FARMERS BANK

Business Name: _____

Tax ID: _____

Business Address: _____

Business Phone: _____

Cardholder Name: _____

Cardholder Date of Birth: _____

Cardholder Phone: _____

Primary Checking Account Number: _____

Primary Savings Account Number*: _____

*Account may only be accessed for ATM transactions.

By my signature below, I am requesting The Farmers Bank Business VISA CheckCard. I understand that my CheckCard will allow access to my bank accounts listed below. I understand to memorize my Personal Identification Number (PIN) and not to write the PIN where it can be stolen or lost with my CheckCard. I have received a copy of the liability disclosures concerning the user of my CheckCard. The bank may obtain a current credit report upon receipt of this application. I agree to abide by the regulation terms and conditions established by The Farmers Bank as related to the use of the CheckCard.

X _____
Signature of Business Owner/Manager

Date

Name & Title of Business Owner/Manager

X _____
Signature of Cardholder

Date