

# STATE BANK & TRUST CO BUSINESS DEBIT CARD APPLICATION

State Bank & Trust Co. will issue cards in the name of the Business as designated below. In addition to the Business name, the Card will have the name of the Authorized Employee listed below. All cards must be signed immediately upon receipt by the Employee. If the Authorized Employee leaves the employment of the Business, it is the responsibility of the Business to notify the Bank to close the card.

In the event of a lost Card or unauthorized use of a Card, **immediately** notify State Bank & Trust Co at 515-382-2191.

The Business understands that the first debit card attached to the Business account will be at no charge. An annual fee of \$15 plus tax will be charged for each additional card attached to the Business account. In addition, a replacement card fee of \$15 plus tax may apply. A \$3.00 per Non-SBT (foreign) ATM Deposit charge will apply after the 3rd deposit per statement cycle at a foreign (non-SBT Co.) ATM.

New Card     Replacement Card (lost/stolen – Card # \_\_\_\_\_)     Reissue Card \_\_\_\_\_

Reorder Fee (+tax):  Charged     Waived (per: \_\_\_\_\_)    Opened By: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Tax ID #: \_\_\_\_\_ Account # Card will access: \_\_\_\_\_

Authorized Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I understand the Bank may obtain a current credit report upon receipt of this application.

\_\_\_\_\_  
Signature of Authorized Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daily Cash Withdrawal Limit

\_\_\_\_\_  
Daily Purchase Limit

MC Automatic Billing Updater has been offered to me and I choose to opt-out at this time.

\_\_\_\_\_  
Signature of Business Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Second Business Principal (if required by applicant's business)

\_\_\_\_\_  
Date

**For Office Use Only:** Card Account Number: \_\_\_\_\_ Portfolio Number: \_\_\_\_\_

1<sup>st</sup> Free Business Card

Annual Charge Cycle \_\_\_\_\_

On System/Ordered By & Date: \_\_\_\_\_

Account Charged by & Date: \_\_\_\_\_