

### Business VISA Debit/Check Card Application

Account Number

Please issue a Business VISA Debit/Check Card and personal identification number (PIN) to me so that I can use my Community Choice Credit Union Business VISA Debit/Check Card at Point of Sale or at Automated Teller Machines.

#### Owner/Signer Information

Name

Business Name   
up to 21 characters

Address

City  State  Zip Code

Date of Birth

Home Phone  Work Phone

E-mail

**I request a Business VISA Debit/Check Card from Community Choice Credit Union and authorize you to secure a credit report.**

I understand that if I qualify for a Business VISA Debit/Check Card, I will be sent the card and a full disclosure of all terms and conditions governing the use of the card, as well as complete information on fees. By signing this and using the card, I agree to be bound by the terms and conditions outlined in the disclosure. I further agree to safe guard my PIN and will be responsible for any and all transactions in which my PIN is used unless I first notify Community Choice Credit Union in writing that such use is no longer authorized by me.

Owner/Signer Signature \_\_\_\_\_ Date \_\_\_\_\_

Once completed, you can return this form to any of our branches, fax to the call center at 248.785.5104, or mail the form to:  
Community Choice Credit Union  
31155 Northwestern Highway, Suite 188  
Farmington Hills, MI 48334