

STATE BANK AND TRUST CO.

BUSINESS DEBIT CARD APPLICATION

Name of Business _____

Business Address: _____

City: _____ State: _____ Zip: _____ Phone#: _____

Business Tax ID#: _____ Account Number Card will access: _____

Authorized Employee: _____

Employee Phone #: _____ Date of Birth: _____ SSN: _____

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

Signature of Authorized Employee

Date

\$200.00 \$500.00
Daily Cash Withdrawal Limit Daily Purchase Limit

PIN #: _____
(Must be unique for each employee)

State Bank & Trust Co. will issue Cards in the name of the Business as designated above. In addition to the Business name, the Card will be embossed with the name of the Authorized Employee listed above. All Cards must be signed immediately upon receipt by the Employee. If the Authorized Employee leaves the employ 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 during normal business hours. Shazam Customer Service will be available at 800-383-8000 during our non-business hours to respond to Employees reporting lost or stolen Cards.

The Business understands that the first Card attached to the Business account will be at no charge. An Annual Business Debit Card Fee of \$15 will be charged for each additional Card attached to the Business account. In addition, a replacement Card fee of \$15 may be charged. 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.

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 Business)

Date

For Office Use Only: Card Account Number: _____ Portfolio Number: _____
Approved By: _____ On System/Ordered By & Date: _____