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## BUSINESS ELECTRONIC SERVICES REQUEST

### Account Information

**Business Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Affinity Policy

Only Owners/Partners/Authorized Officers/Principals of the business may request electronic access or card access to accounts and must sign this request. Electronic and/or card access may be granted to authorized signers on account with authorization from Owners/Partners/Authorized Officers/Principals via this request form. If submitting this request via mail, a Personal Identification Number (PIN) for your Debit or ATM card will be randomly generated and mailed to the address on file.

### 24-Hour Account Access Options

**Debit Access or Credit Card:**  NEW card(s) or  REPLACEMENT card(s)\* (\$5.00 card replacement fee applies)

Issue Cards To: (check names of individuals)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate accounts for card access:  CHECK HERE IF ALL ACCOUNTS OR select individual accounts below to be accessed

Account	Account	Account	Account

\*Online Business Banking (Cash Management) – Complete the separate *Online Business Banking Application* for access

\*Online Deposits - For Online Deposit, Mobile Deposit or Online Deposit Pro – Complete the separate *Online Deposit Services Application*

### Checking Account Overdraft Protection Option

**Checking Account Overdraft Protection Plan:** If there are insufficient funds in your checking account, your account may be linked to your other accounts to automatically transfer the funds needed to cover the overdraft.

Indicate the accounts you would like your Checking account linked to, *in order of priority*.

1)	2)	3)
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<sup>1</sup> Federal regulations limit electronic withdrawals and transfers from a Savings account to six each month. After six electronic withdrawals or transfers in a given month, a fee will apply as specified on Affinity's Schedule of Fees. <sup>2</sup> Advances on your credit card account to cover checking overdrafts will count as cash advances; interest will begin to accrue the date of the advance, until the loan balance is zero.

### Agreements and Signatures

**Membership, Account and other Services Agreement:** By signing below, I/we acknowledge a) I/we have received and read the agreements and disclosures for the accounts and/or services requested; b) I/we agree to be bound to the terms and conditions of any account that I/we have with Affinity now or in the future and agree that Affinity may change those terms and conditions from time to time; c) I/we understand the Affinity Debit Access Card transactions will be withdrawn from my/our Affinity Checking Account and acknowledge receipt of said card (if applicable); d) If I/we am/are requesting for an Affinity Debit Access Card, Online Banking or telephone banking, I/we understand and agree that the use of my/our Personal Identification Number (PIN) or signature to access my/our accounts by debit card, Online Banking and/or telephone banking will be my/our acceptance of the terms and conditions of the applicable service agreement; e) by signing below, I/we certify that the information provided is true and complete; f) I/we authorize the Credit Union to verify or obtain further information the Credit Union may deem necessary concerning my/our credit standing.

**X**  
 \_\_\_\_\_  
 Signature of Owner/Principal Date (MMDDYYYY)

**X**  
 \_\_\_\_\_  
 Signature of Owner/Principal Date (MMDDYYYY)

### For Credit Union Use Only

Processing Employee's Name:				Card received on behalf of authorized signer by (if applicable):
Card Issued: <input type="checkbox"/> YES	Date:	Br #:	ID Verified: <input type="checkbox"/> YES	Name of owner:
Type:	Last 4 digits:	Card wiz verified by:		