



## BUSINESS CHECK CARD APPLICATION

Business Legal Name: \_\_\_\_\_

DBA (Doing Business As) Name: \_\_\_\_\_ (if applicable)

Tax ID #: \_\_\_\_\_ ( nine digits only, no dashes.  
For sole proprietors, use Social Security number if there is no tax ID number)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Name of Requestor: \_\_\_\_\_ SSN#: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Note: Only authorized signers on the listed Affinity Bank Business Checking Account may request Business Check Card(s).**

Signature Authorized Requestor:

\_\_\_\_\_

Name(s) of Person(s) to whom cards will be issued: (maximum of 4 cardholders)

Printed Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Signature: \_\_\_\_\_

For Institution Use

Date Ordered: \_\_\_\_\_ Initials of Bank Processor \_\_\_\_\_