



Community National Bank

Hondo ☆ Castroville ☆ Lytle ☆ La Coste

Stand-In Limit: \$305.00 Cash Bin: _____
\$750.00 Point of Sale (Card #)
Offset#: _____

BUSINESS DEBIT CARD APPLICATION

Primary Checking No. _____
1 Card Per Application

Applicant

Business Name _____

Name Authorized for Transactions (Name to appear on card) _____

Street Address City State Zip Code

Mailing Address City State Zip Code

EIN Number Business Phone

Corporate Officer Authorizing Card

Signatures

This information is given to obtain the Community National Bank Debit Card and is true and complete. I authorize Community National Bank to verify the information on this application and to obtain further information from a consumer credit report to assist in the review process. When I or someone I authorize to use this account I agree to the terms and conditions of the agreement that governs the use of the Community National Bank Debit Card. I will receive a copy of the agreement. I understand that if my checking account becomes overdrawn due to a Debit Card transaction an overdraft fee will be charged.

X _____ X _____
Signature of Applicant Date Signature of Corporate Officer Date

This application must be signed by the name on the card and a corporate officer.
The applicant must also be an authorized signer on the checking account.

----- For Internal Use Only -----

Application Taken By: _____

Activation Date: _____ Activated by: _____

