



Hondo  
Castroville

**BUSINESS DEBIT CARD APPLICATION**  
Stand-In Limit: \$505.00 Cash \$3,000.00 Point of Sale

Lytle  
LaCoste

BIN: \_\_\_\_\_ Offset#: \_\_\_\_\_

Please list your checking account number that will be associated with your Community National Bank Card.

Primary Checking Account Number: \_\_\_\_\_

1 Card per Application

**APPLICANT**

Business Name

Name Authorized for Transactions (Name to appear on card)

Street Address City State ZIP

Mailing Address City State ZIP

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.

Signature of Applicant Date

Signature of Co-Applicant 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: \_\_\_\_\_