

Ulster Savings Bank

Business Check Card Authorization

Please complete the information below. Print the name(s) as they should appear on the card.

Business Name _____

Business Address _____

Circle One

| | |
|---------------|--|
| Add | Authorized Cardholder Name _____ |
| Change | SS# _____ ID _____ Home Phone _____ |
| Delete | Total Daily Limit \$ _____ Cash Portion of Limit \$ _____ Card # _____ |

| | |
|---------------|--|
| Add | Authorized Cardholder Name _____ |
| Change | SS# _____ ID _____ Home Phone _____ |
| Delete | Total Daily Limit \$ _____ Cash Portion of Limit \$ _____ Card # _____ |

| | |
|---------------|--|
| Add | Authorized Cardholder Name _____ |
| Change | SS# _____ ID _____ Home Phone _____ |
| Delete | Total Daily Limit \$ _____ Cash Portion of Limit \$ _____ Card # _____ |

| | |
|---------------|--|
| Add | Authorized Cardholder Name _____ |
| Change | SS# _____ ID _____ Home Phone _____ |
| Delete | Total Daily Limit \$ _____ Cash Portion of Limit \$ _____ Card # _____ |

| | |
|---------------|--|
| Add | Authorized Cardholder Name _____ |
| Change | SS# _____ ID _____ Home Phone _____ |
| Delete | Total Daily Limit \$ _____ Cash Portion of Limit \$ _____ Card # _____ |

I, _____, certify that I am authorized by the above listed entity to add or delete individuals and/or change the activity level for the Authorized Cardholders of the Business Check Card. I understand that this authorization supersedes any other authorization that may have previously been submitted to Ulster Savings Bank and allows the Authorized Cardholder to access account number _____ up to the amounts listed on a daily basis.

This information is given to obtain the Ulster Savings Bank Business Check Card and is true and complete. When I, or someone I authorize, uses the Ulster Savings Bank Business Check Card, I agree to the terms and conditions of the Agreement that governs the use of the Ulster Savings Bank Business Check Card.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

| | | |
|--|-------------|---------------|
| <u>For Bank Use Only</u> | | |
| Information verified by: _____ | Date: _____ | Branch: _____ |
| Date entered: ____ / ____ / ____ Entered by: _____ | | |

Submit this application at any branch location.

Member FDIC