



**Visa Business Check Card Electronic Funds Transfer (EFT) Application Form**

Card Number  (For bank use only)

**Company Information**

Company Name: \_\_\_\_\_

Company Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Tax ID Number:

Company hereby applies to Bank for an electronic access device ("Access Device"), to access the accounts listed below and to perform such other banking functions with the Access Device as are described in the Business Electronic Funds Transfers Agreement and Disclosure. The Bank will contact the Company if there are questions regarding this application.

**Authorized Card Holder Information**

Name: \_\_\_\_\_ Social Security No.:

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Account Information**

Company bank accounts to be accessed:

Primary Account

Additional Accounts

**Authorization Limits**

Cash withdrawals at ATM/POS terminals: \$\_\_\_\_\_ per business day  
\_\_\_\_\_ Initials of authorized signer on above bank account

Non-PIN# Purchases: \$\_\_\_\_\_ per business day  
\_\_\_\_\_ Initials of authorized signer on above bank account

NOTE: Standard maximum limits per business day are \$1,000.00 for ATM cash withdrawals and \$1,000.00 for non-PIN# purchases. Please contact your PlainsCapital Bank officer for increased limits.

Company, and any authorized person(s) indicated above, have received a copy of the Business Electronic Funds Transfers Agreement and Disclosure and agree to be bound by the terms and conditions contained therein, as they may be amended from time to time by Bank, and to pay all fees that may be assessed in connection with the issuance, maintenance, and/or use of the Access Devices. Company also authorizes Bank to check credit and employment history should it deem necessary. Company is responsible and liable for all transactions made through the use of the Access Device including unauthorized or fraudulent transactions that occur prior to notification to bank by customer of such transactions.

Signature of Authorized Signer on Account: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this application to your PlainsCapital Bank officer or Mail to: PlainsCapital Bank, PO Box 271, Lubbock, TX 79408; or fax to: 806.791.7369. If you have any questions, please call toll free 866.762.8392 and ask for the ATM department.