



Corporate Debit Card Acceptance Form

Yes, I/We want to take advantage of a Debit Card. I/We agree to be bound by the terms and conditions of ATM/Debit Card Disclosure and Truth in Lending Disclosure statement for the Corporate Account.

Corporate Account name: _____

Corporate Member Number: _____

Daily ATM Cash Withdrawal Limit \$ _____

Cardholder Name(s) & Signatures:

* Only those who are authorized signers on the corporate account may have a debit card assigned to him/her.

Printed Name	Signature	Date
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Social Security Number	Date of Birth	Phone Number
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Printed Name	Signature	Date
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Social Security Number	Date of Birth	Phone Number
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Printed Name	Signature	Date
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Social Security Number	Date of Birth	Phone Number
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Please print out this form, sign it and return via one of the following methods:

E-Mail: visadesk@americasccu.com

Fax : (626)208-5409

Mail: America's Christian CU / ATTN: Visa/ATM Dept
PO Box 5100 Glendora, CA