

**BUSINESS DEBIT CARD REQUEST FOR  
NON ACCOUNT SIGNER**



Business Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Person to be added (Include Valid Photo ID):**

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Daily Limits: Point of Sale: \_\_\_\_\_

ATM: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

Application subject to approval. Business owner understands and acknowledges that First Lockhart National Bank is not responsible for debit/credit card fraud due to what the bank deems is negligence on the part of the signer/authorized cardholder. The business owner further acknowledges that it is their responsibility to notify the bank of any changes related to this card.

\_\_\_\_\_  
Business owner/Authorized Signer

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date