

**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 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