

# Visa Debit Card for Business

## Authorized User and Change Request Application



msufcu.org/business

Business Name		Business Account Number
Responsible Individual (please print)	Phone Number	Date

### Authorized Users

<b>1. User Name</b> (please print)	Code word	Date of Birth (mm/dd/yyyy)
Contact Phone Number	Last Four Digits of SSN	Checking Share Number
<b>2. User Name</b> (please print)	Code word	Date of Birth (mm/dd/yyyy)
Contact Phone Number	Last Four Digits of SSN	Checking Share Number
<b>3. User Name</b> (please print)	Code word	Date of Birth (mm/dd/yyyy)
Contact Phone Number	Last Four Digits of SSN	Checking Share Number
<b>4. User Name</b> (please print)	Code word	Date of Birth (mm/dd/yyyy)
Contact Phone Number	Last Four Digits of SSN	Checking Share Number

### Remove Cardholder

Name of Cardholder	Last Ten Digits of Card #	Loan ID	<input type="checkbox"/> I certify that all cards have been collected from the aforementioned cardholder(s) and destroyed. _____ (initial)
Name of Cardholder	Last Ten Digits of Card #	Loan ID	
Name of Cardholder	Last Ten Digits of Card #	Loan ID	
Name of Cardholder	Last Ten Digits of Card #	Loan ID	

### Responsible Individual Signature

You acknowledge receipt of the Visa Debit Card for Business Agreement and agree to the terms and conditions contained therein. By signing this form, you agree to be held responsible for any Visa Debit Card transactions performed on your business account.

The Responsible Individual on the Business Account Application is **required** to sign this form.

Responsible Individual Signature \_\_\_\_\_


Title \_\_\_\_\_ Date \_\_\_\_\_

### Process Form

**To process this request:**

- Fax to 517-664-4865
- Return to any branch location
- Mail to: Attention: Business Services  
MSU Federal Credit Union  
PO Box 1208  
East Lansing, MI 48826

**Questions?**  
Call 517-333-2424  
Ext. 4848



6/17

**For Office Use Only**

Request processed by: \_\_\_\_\_ Request reviewed by: \_\_\_\_\_