

Visa Debit Card for Business

Authorized User and Change Request Application



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

Authorized Users

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

For Office Use Only

Request processed by: _____ Request reviewed by: _____