



Business Advantage Visa Check Card Application

Fax application to 512-323-4880

Please **CIRCLE** order type

New card order

Replacement card (\$5 fee may apply)

Replacement reason _____

THE CREDIT UNION WILL ISSUE A **RANDOM** PIN # TO YOU VIA MAIL

Bus. Acct#: _____

Cardholder Name:_(1st Line on card)_____

Business Name:_(2nd Line on card)_____

MAXIMUM OF 21 CHARACTERS PLEASE

Please **CIRCLE** delivery method

Regular Mail (7 to 10 days) Instant Issue **\$10 fee** (UPS 2day **\$15 fee**) Next Day UPS (**\$35 fee**)

Next Day and 2-Day Request must be submitted by 1PM for same day service. UPS Sat delivery available for an additional fee

**Please mail my card to:
(No PO BOXES for UPS delivery)**

Address: _____

City: _____

State: _____ Zip: _____

Is this your business address? _____ YES _____ NO

By signing below the applicant agrees to abide by the terms of the GTFUCU Visa Business Advantage Check Card agreement located on the back of the card carrier. The applicant agrees to take the necessary precautions to protect the card and PIN from unauthorized usage. The applicant agrees that the cardholder's name appearing on this application is a user authorized to access funds on the business account number given above. The applicant agrees to all fees stated on this application. *If requesting a card mailer to an alternate address, the applicant agrees that the existing GTFUCU business checking account mailing address will be altered for a period of 3 to 5 business days to reflect the alternate mailing address on this form; the applicant agrees to receive all other mail from GTFUCU (including statements) at this alternate address for a period of 3 to 5 business days or until the card is delivered.*

APPLICANT
SIGNATURE _____

DATE _____

For Card Services use only----- Last 6 digits of card _____ OP# _____