



Ripco Business Debit Card Application
(for business purposes only)

Business Name _____ Taxpayer ID No. _____

Account Number _____ Account Suffix(s) _____

Opt in/Out of Courtesy Pay Confirmation

____ I **DO NOT** want RCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

____ I **WANT RCU** to authorize and pay overdrafts on my ATM and everyday debit card transactions.

Name _____ SSN _____ Date of Birth _____

Mailing Address _____ Phone _____

Business Name or Individual Name | Card Style Hodag Eagle | Mail Pick up _____

For internal use only: Card Number _____

Name _____ SSN _____ Date of Birth _____

Mailing Address _____ Phone _____

Business Name or Individual Name | Card Style Hodag Eagle | Mail Pick up _____

For internal use only: Card Number _____

Name _____ SSN _____ Date of Birth _____

Mailing Address _____ Phone _____

Business Name or Individual Name | Card Style Hodag Eagle | Mail Pick up _____

For internal use only: Card Number _____

Signatures: By signing below, you are requesting the Ripco Business Debit Card and associated services. You agree to the Business Membership and Account Agreement, EFT Agreement and Disclosure, including any fees and charges. You agree that the information contained in this Application is accurate. You authorize us to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Signature and Title _____ Date _____

Official Use Only

Date Application Received _____ Employee Initials _____ Opt In/Out Confirmation _____

Additional Information _____