

# Business Visa<sup>®</sup> Check Card Application

Please print this form and mail or fax it to:

ACNB Bank, Deposit Services, P.O. Box 3129, Gettysburg, PA 17325

Fax: 717-334-1658

---

APPLICANT Business Name

---

BUSINESS ADDRESS Street Address

---

City, State, ZIP Code

---

Telephone

---

BUSINESS OWNER OR AUTHORIZED USER Last Name First Name Social Security Number

---

ADDITIONAL USER Last Name First Name Social Security Number

---

ADDITIONAL USER Last Name First Name Social Security Number

---

ADDITIONAL USER Last Name First Name Social Security Number

---

ACCOUNT INFORMATION (Enter appropriate account number(s).)

	Checking	101		102	103
		_____	Primary	_____	_____
	Savings (Statement Savings or Money Market)	201		202	203
		_____	Primary	_____	_____

**REQUIRED SIGNATURE(S)**

I/We hereby acknowledge that I/we received a copy of the Business Visa<sup>®</sup> Check Card Agreement and Disclosure Statement and that I/we have read, understand and agree to be legally bound by the terms and conditions of such Cardholder Agreement and Disclosure Statement. I/We agree that the Visa Check Card is the Bank's property, which is non-transferable and may be canceled or revoked by the Bank at any time without notice, and I/we will surrender it to the Bank upon request. I/We also acknowledge that receipt of the Business Visa<sup>®</sup> Check Card Agreement and Disclosure Statement informs me/us of my/our rights under the Electronic Fund Transfer Act.

I/We authorize the Bank to make whatever credit inquiries it deems necessary in connection with establishing and maintaining any account(s) and/or service(s) with the Bank or in the course of review for collection of any deficiency which I/we would create in my/our account(s). I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Bank any information it may have or obtain in response to such credit inquiries and agree that same shall remain the Bank's property whether or not the account(s) is established and/or service(s) is provided.

---

AUTHORIZED OFFICER SIGNATURE DATE

<b>Financial Institution Use Only</b>	<b>Date</b>	<b>Verified by:</b>	<b>Issue</b> <input type="checkbox"/> Check Card	<b>Office Number</b>	<b>Special Handling</b> <input type="checkbox"/> Pull Card <input type="checkbox"/> Demo Card
---------------------------------------	-------------	---------------------	---	----------------------	---

Upon approval of your application, a randomly-selected Personal Identification Number, or PIN, will be mailed to you, separately from your card.