

**ESSA Bank & Trust  
Debit Card Application  
Business Accounts**

In order to issue a Business Debit card, the secretary and an officer or the owner of the business must sign the application.

Business Name	EIN
Card User Name	Business Telephone
Address <sup>1</sup>	Email Address
City, State, Zip	

**NEW CARD APPLICATION:**

I wish to access the following account(s) for Debit Card and/or ATM use:

DEBIT CARD AND ATM

Checking Account Number: \_\_\_\_\_

DEBIT CARD ONLY

Checking Account Number: \_\_\_\_\_

ATM ONLY

Checking Account Number: \_\_\_\_\_

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**Authorizations:** By signing below, I am applying for an ESSA Debit/ATM Card. I understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from the ESSA checking account only. I authorize ESSA to verify the information provided above and to request a credit report, if necessary. The ESSA Debit/ATM Card is available for qualified Business customers only. Other requirements apply. I agree to be bound by the Terms and Conditions covered in the Business Debit Card Terms & Conditions.

\_\_\_\_\_  
Secretary Signature Date

\_\_\_\_\_  
Officer Signature Date

\_\_\_\_\_  
Officer Signature Date

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<sup>1</sup> Must be a valid mailing address on file card can not be forwarded to a new address.

Completed application may be dropped off at any one of our branch locations (via drive-up, night deposit box or in branch).

For questions regarding the form please call our eSolutions Support team at 1-855-713-8001 between 8:30 am – 5 pm, Monday – Friday.

<b>For Deposit Operations Use (Online Form Only):</b>			
Card # _____	Date Ordered _____	By _____	Verified By _____