



MasterCard BusinessCard™ Debit Card Request

Dear Valued BankAtlantic Customer,

If you would like to request a BusinessCard™ Debit Card with the MasterCard logo to be used with your business account at BankAtlantic, please print, read and fill in the required information on this form.

Mail both pages of this completed, signed form to:



BankAtlantic
P.O. Box 101120
Fort Lauderdale, FL 33310

IMPORTANT: Please also print, fill in and mail the **Certificate of Corporate Resolution Form** Authorizing the MasterCard BusinessCard Debit Card Form available at www.BankAtlantic.com/FormCenter.

If you have questions about this form, call 1-800-741-1700.

MasterCard BusinessCard™ Debit Card Request Form

Authorized Business Representative _____

Checking Account Number _____

Business Name _____

Street Address _____

City _____ State _____ Zip _____

Tax ID Number _____ Business Phone _____--____--_____

Type of Business:

Sole Proprietor Partnership S. Corp. C Corp.

Customer requests access to electronic terminal for the above stated account(s).

Customer requests one (1) card, which will provide both withdrawal deposit capabilities (at BankAtlantic terminals) and debit card purchases (signature and PIN purchases). Customer understands that BankAtlantic will issue a different card number, which will identify the authorized representative, for each card linked to the business account.

Customer must keep confidential all Personal Identification Numbers (PIN) of Customer and all authorized representatives. BankAtlantic shall have no liability for losses occasioned by unauthorized access to or use of such numbers for the Card. Customer shall immediately notify BankAtlantic of any breach or compromise of the security established by this provision. Customer understands that a new list must be submitted by Customer whenever authorized representatives are added to, or deleted from the authorized cardholder(s) list above.

Customer certifies that the document attached is a true and correct copy of the Resolutions authorizing ATM/Debit Card access for the above stated Business Account(s).

Customer agrees to the terms and conditions of this service as explained in the provisions above, the Depositor's Agreement and Disclosure Statements, and the ATM Safety Tips received when opening the



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account. When BankAtlantic assigns a PIN for the Card, the customer agrees not to disclose this number to anyone not authorized to use the Card.

By applying for a BusinessCard, you agree that we may obtain credit reports of corporate officers for purposes of processing your request and for later purposes related to reviewing, updating, and renewing it. If you request, you will be informed of whether or not a credit report was requested and of the name and address of the consumer reporting agency that furnished the report.

Authorized Representative (customer) Signature

Date

For BankAtlantic use:

Signature Verified By

Branch

Date

Card Number

BA-2082

Date Received by the Bank: _____