



27000 Evergreen Road  
 Lathrup Village, MI 48076  
 Phone: 248-443-4600, 313-345-7200, 800-664-3828  
 Fax: 248-443-4280  
 www.michiganfirst.com

# ATM/Debit Card Order Form for Businesses and Other Entities

Instructions: Type in the fields below. Your signature must be handwritten. Print the form and return it to Branch Support via fax: 248-443-4282 or mail to Michigan First Credit Union, Attn: Branch Support, 27000 Evergreen Road, Lathrup Village, MI 48076.

- ATM                       Debit\*\*
- New Application         Reorder\*

\*Replacement fee will be deducted from the account of the business entity. Refer to the Fee Schedule.  
 \*\*Michigan First Business Checking Account is required.

### Primary Account Holder

Account Number:

Business Name:

EIN/TIN :

Address:

City:

State:  Zip Code:

Home Phone Number:

Cell Phone Number:

Work Phone Number:

*By signing below, I/we hereby apply, on behalf of the above-named business entity, for the financial services indicated above. On behalf of the above-named business entity, I/we agree to abide by the terms and conditions of the previously signed Membership / Account Agreement for Businesses and Other Entities on file with the Credit Union, including the Electronic Financial Services section (the "Agreement"), and to any amendments thereto, receipt of which I/we hereby acknowledge. I/we understand that although cards will be issued in individual names, the cards will be used to access the account(s) of the above-named business entity at Michigan First Credit Union.*

*The individual(s) signing below warrant(s) and represent(s) that the above-named business or other entity is validly existing and in good standing in the State of Michigan, and that he/she has the legal authority and corporate authority to bind the above-named business or other entity to the Agreement. The undersigned agree that they shall be personally liable and hereby personally guaranty all obligations that the business or other entity may incur as a result of its use of the services contemplated by the Agreement.*

*If this application is approved, I/we hereby request that the Credit Union issue the card(s) in the name of the following authorized signer(s).*

Primary Cardholder Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Joint Cardholder Signature \_\_\_\_\_

Joint Cardholder Signature \_\_\_\_\_

Date:

### For Credit Union Use Only

Employee #

Date: