

Visa Debit Card for Business

Authorized User and Change Request Application



Business Name			Business Account Number	
Responsible Individual		Phone #	Date of Birth	
Authorized Users				
Name		Social Security #	Date of Birth	
Address		City	State	ZIP
Phone #	Driver's License/Passport or Other Documentation/ID		State of Issue	Expiration Date
Name		Social Security #	Date of Birth	
Address		City	State	ZIP
Phone #	Driver's License/Passport or Other Documentation/ID		State of Issue	Expiration Date
Name		Social Security #	Date of Birth	
Address		City	State	ZIP
Phone #	Driver's License/Passport or Other Documentation/ID		State of Issue	Expiration Date
Name		Social Security #	Date of Birth	
Address		City	State	ZIP
Phone #	Driver's License/Passport or Other Documentation/ID		State of Issue	Expiration Date
Remove Cardholder				
Name of Cardholder	Last Ten Digits of Card #	Loan ID	☐ I certify that all cards have been collected from the aforementioned cardholder(s) and destroyed. _____ (initial)	
Name of Cardholder	Last Ten Digits of Card #	Loan ID		
Name of Cardholder	Last Ten Digits of Card #	Loan ID		
Responsible Individual Signature			Process Form	
You acknowledge receipt of the Visa Debit Card for Business Agreement and agree to the terms and conditions contained therein. By signing this form, you agree to be held responsible for any Visa Debit Card transactions performed on your business account. The Responsible Individual on the Business Account Application is required to sign this form. Responsible Individual Signature _____ Title _____ Date _____			To process this request: • Fax to 517-664-4865 • Return to any branch • Mail to: Pillur: Business Department PO Box 1208 East Lansing, MI 48826-1208 Questions? Call 833-533-0678 Visit pillur.org	
For Office Use Only: Request processed by: _____ Request reviewed by: _____				