



REQUEST FOR BUSINESS ATM CARD

Please print the name(s) as you wish them to appear on the face of your HSBC Business ATM Card.

Business Name (Account Name) - REQUIRED

TIN / Social Security # of Business

Individual's Name (maximum 24 characters) - REQUIRED

Address

City/State Zip Code

Personal Identification Number

Business Checking Account #

Use 4 numbers or 4 letters. (You may not mix numbers and letters or use 4 zeros or the letters Q and Z.) If you do not select a code, the Bank will automatically assign one for you.

Business Savings Account #

1. Please issue an HSBC Business ATM Card ("the Card") and link the above Business Account(s) to it.
2. The Business Account(s) listed above is (are) for business purposes only.
3. The Bank is authorized to accept payment instructions using the Card and the personal identification number (PIN) associated with the Card. The Bank's terms for Funds Transfers in the *Rules for Deposit Accounts* ("Rules") apply to funds transfers using the Card and PIN. Under the Rules, the Card and the PIN are a Level Two Security Procedure. Any transaction in the name of the Business shall be deemed authorized by use of the Card and PIN and the Bank shall be entitled to pay funds from the Account and charge a fee for the service regardless of by whom or by what means the Card and PIN were used.
4. By signing below, I acknowledge that use of the Card will be governed by the Business ATM Card Agreement you will send me with the Card and agree to be bound by the Business ATM Card Agreement.
5. By signing below, I represent that I, and the Individual named above (if different from me), are both authorized signers for the Business. Either of us can transact business relating to the above Business Account(s) in our Individual names. If the Business is not a sole proprietorship, the Business has furnished the Bank with a Corporate Banking Resolution, Partnership Authorization, Limited Liability Company Account Certificate and Agreement, Limited Liability Partnership Authorization or other appropriate documentation naming me and the Individual named above as authorized signers. Such authorizing documentation is still in effect.

ACCOUNT HOLDER: _____
(Name of Business)

By _____ Date _____
(Authorized Signature) (Title)

Mail to: HSBC Atrium, 4 North
Attn: BankCard Entry
Mail Code 02 - BFLO-Atrium

Branch #

Branch Representative must verify that the above named Individual is a valid signer for the Account(s).

Verified by Branch Representative _____
(Signature)

Branch Representative _____
(Printed Name)