

BUSINESS DEBIT CARD REQUEST

Submit this form to request additional debit card(s) for your Old Glory Bank business account. If you have multiple Business Checking accounts, please submit one form for each account.

Return this form to Old Glory Bank through our secure document upload.

Do not email this form due to the sensitive information included. For your security, we are unable to process forms received by email or regular mail.

- 1. Complete form and sign on the 2nd page. Scan the document for electronic upload. Save the file in a place you may access easily.
- 2. Log in to your Old Glory Bank account(s) by desktop or mobile app.
- 3. Select Menu, then Messages.

Account Information

- 4. Select the link to create a new message. Choose the message recipient "Other".
- 5. Enter the message subject as "Business Debit Card"
- 6. Select "Attach a File" and upload your form. Click Send.

Please allow 10-14 business days for delivery of your debit card(s). The delivery of your debit card may be expedited for a fee. The expedited delivery fee is \$45.00 per debit card. Contact your Business Banker to request an expedited card. Debit cards are only available for Business Checking accounts. Savings accounts may not be attached to a debit card.

Company Name as it appears on your Old Glory Bank by	usiness account		
Old Glory Bank Checking account number			
Account Owner's Full Name			
Phone	Email		
Please indicate below if you would like the debit cards to be sent to a different address than the business address listed on the company profile.			
Additional Cards Important Note: By requesting additional debit cards for your Old Glory Bank business account, you are authorizing Old Glory Bank to add the individual as an authorized debit card holder, and you agree that they may make purchases using your account. You must sign and date the second page of this form to order additional cards.			
Debit Card Holder's Name			
Shipping Address			
City	State	Zip	
Date of Birth	Social Security Number		
Phone	Email		





BUSINESS DEBIT CARD REQUEST

Debit Card Holder's Name		
Shipping Address		
City	Charles	7: ₁₀
City	State	Zip
Date of Birth	Social Security Number	
Phone	Email	
Debit Card Holder's Name		
Shipping Address		
City	State	Zip
Date of Birth	Social Security Number	
Phone	Email	
Debit Card Holder's Name		
Shipping Address		
City	State	Zip
Date of Birth	Social Security Number	
Phone	Email	
Account Owner's Signature		Date