



FROST BUSINESS DEBIT CARD REQUEST FORM
ONE REQUEST FORM FOR EACH CARDHOLDER

SELECT ONE: [ ] NEW CARD [ ] EXISTING CARD
CARD NO. \_\_\_\_\_

1. BUSINESS INFORMATION (PLEASE PRINT)

Name (Limit 20 characters)

Grid of 20 boxes for name entry

Organization Type: [ ] Sole Proprietorship [ ] Club/Association [ ] Public Entity
[ ] Corporation [ ] Professional Corporation [ ] General Partnership
[ ] Limited Liability Company [ ] Limited Partnership [ ] Limited Liability Partnership

Tax ID \_\_\_\_\_

Address (A courier fee may apply to cards that require special handling.) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

2. CARDHOLDER INFORMATION (PLEASE PRINT)

First and Last Name (Limit 20 characters)

Grid of 20 boxes for cardholder name entry

Is the cardholder an Authorized Signer on the account? [ ] Yes [ ] No

Will cardholder be authorized to conduct account transactions using Frost Online Banking and optional Mobile Banking Services and by 24-Hour Automated Phone Services? [ ] Yes [ ] No (Selecting "No" means ATM and Debit Card access only, while selecting "Yes" provides all functionality)

3. DESIGNATED ACCOUNTS FOR DEBIT CARD ACCESS (BUSINESS ACCOUNTS ONLY)

Designated Checking Account # (for Debit Card + ATM access) \_\_\_\_\_ Other Account # (for ATM access only) \_\_\_\_\_

## 4. WARRANTS & AUTHORIZATIONS BY REQUEST FORM SIGNER

- By signing this request form, you warrant that **you are the owner** of all deposit, loan, or other accounts (each, an "Account," and collectively, "the Accounts") held in your name or the business name listed in Section 1 (Business Information) of this request form (the "Business") by Frost Bank (the "Bank") **or that you have the authority to sign the request form and to enter into the Business Debit Card Agreement on behalf of the Business or owner.**
- You further warrant that all the Accounts designated to be accessed by the Debit Card were established exclusively for business purposes and not for personal, family or household purposes. **You understand that use of the Business Debit Card is not subject to the Federal Reserve Board's "Regulation E" governing electronic funds transfers for consumer transactions, and you assume full responsibility and liability as set forth in statement 8 of this section.**
- You request that Bank issue a Business Debit Card to the cardholder named in this request form.
- You understand that you will be mailed a copy of the Business Debit Card Agreement (the "Agreement") along with the Debit Card. **By using the Debit Card or delivering it to the authorized cardholder, you are accepting the terms and conditions of the Agreement and will be deemed to have signed the Agreement.**
- If you do not accept the terms and conditions of the Business Debit Card Agreement, you should not use the Debit Card and related services, nor should you deliver the Debit Card to the authorized cardholder. You will immediately call Bank (1-800-252-5473) and cancel the cards.
- You understand **you are granting the cardholder** (whether or not a signer on the designated Accounts) **complete access to funds in those accounts** in accordance with the terms and conditions of this request form, the Business Debit Card Agreement, and the applicable deposit, loan or other Account agreement.
- You understand the cardholder may be able to make purchases, get cash advances, withdraw money from ATMs, determine the balance in the designated Accounts, and transfer funds among designated Accounts.
- Except under the limited circumstances set forth below, you assume full responsibility, will be liable and agree that Bank may charge any of your deposit, loan or other accounts for the amount of each transaction in which a card issued to an authorized cardholder is used whether or not there are sufficient funds in the accounts.**
  - With regard to ATM, POS and Debit Card transactions only processed through the VISA or MasterCard System, you will have no liability for unauthorized transactions if you report the unauthorized transaction(s) to Bank within the timeframes set forth in Section 13 of the Business Debit Card Agreement.**
  - This special zero liability limit will not apply if Bank determines that you or an authorized cardholder were grossly negligent or fraudulent in the handling of your Account or any card transactions processed through the VISA or MasterCard System.**

**The VISA and MasterCard zero liability limit does not apply to transfers made via Frost Online Banking and optional Mobile Banking Services or 24-Hour Automated phone Services.**

- When you represent and warrant in this request form that the named cardholder has authority to use the Debit Card to access Frost Online Banking and optional Mobile Banking Services and 24-Hour Automated Phone services, you understand and agree that the cardholder will have access to all of the deposit, loan or other Accounts held by the Bank in the name of the business entity identified in section 1 (Business Information) of this request form, not just the designated Accounts identified in this request form.
- You understand the cardholder may be able to subscribe, manage, and cancel premium services, including adding Read-Only Users. Such premium services will be subject to any fees applicable under Frost's then-current fee schedule. By providing the cardholder the ability to add a Read-Only User through Frost Online Banking, you understand and acknowledge that the cardholder may designate a person to have read-only access to certain features of Online Banking for Business ("OBB"). This means that a person a cardholder designates as a Read-Only User may see certain transactional activity for all Accounts within OBB, including, but not limited to, account transactions (e.g., deposits), insufficient funds items, account statements, tax statements, scheduled payments, and pending transactions. By providing the cardholder the ability to designate a person as a Read-Only User, you agree that you intend for the cardholder to have the authority to designate a person to view this activity and understand there are risks in permitting a cardholder to grant such authority to a Read-Only User. You understand that a person a cardholder designates as a Read-Only User will retain such authority until such time as the cardholder deletes that person as a Read-Only User through Frost Online Banking.
- If you grant the authorized cardholder permission they will be able to perform all transactions offered through Frost Online Banking and optional Mobile Banking Services and/or 24-Hour Automated Phone Services relative to all of your or your business entity's deposit, loan or other Accounts.**

\_\_\_\_\_  
Signature of Authorized Cardholder Date

\_\_\_\_\_  
Signature of Business Owner/Authorized Signer of Request Form Date

## 5. AUTHORITY TO SIGN REQUEST FORM

### Complete if Sole Proprietor

I, \_\_\_\_\_, am the **sole proprietor** of the Business, and I hereby warrant that I possess the authority to: (1) request the Frost Business Debit Card; (2) designate the deposit, loan or other Accounts of the Business that may be used in connection with the Debit Card; (3) designate the employees of the Business who may use services, including Frost Online and Mobile Banking Services, and any limitations on such use; and (4) complete and execute all forms, documents and agreements required by Bank to use such services.

\_\_\_\_\_  
Name of Sole Proprietor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

### Complete if Corporation, Partnership, LLC, Public Entity, Club or Association

I, \_\_\_\_\_, certify that I am the **Secretary, or other equivalent officer** or partner; of the organization, and I hereby certify that the **Authorized Signers listed below** are officers of the organization and possess the authority to: (1) request the Frost Business Debit Card; (2) designate the deposit, loan, or other Accounts of the organization that may be used in connection with the Debit Card; (3) designate the employees of the organization who may use services, including Frost Online Banking and optional Mobile Banking Services, and any limitations on such use; and (4) complete and execute all forms, documents and agreements required by Bank to use such services.

#### Authorized Signers of Request Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Secretary or other equivalent officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

### FOR BANK USE ONLY

\_\_\_\_\_  
Banker/Approving Officer Name

\_\_\_\_\_  
Officer #(s)

\_\_\_\_\_  
Branch/Location

\_\_\_\_\_  
Banker/Approving Officer Signature

\_\_\_\_\_  
Extension(s)

**Mail your request form to:**  
CIF Department  
Frost  
PO Box 1600  
San Antonio, Texas 78296

You will receive your card in the mail 3-5 business days from the time your request form is received. Your personal identification number (PIN) will be sent in a separate mailer.