

ACCOUNT APPLICATION AND AUTHORIZATION

Please establish the following account for Miami University and transfer the amount indicated to fund the account.

Please complete only yellow highlighted areas below.

Customer Name: MIAMI UNIVERSITY

Federal ID#: 31-6402089

Account Name: MIAMI U- _____
(Workshop Name)

Cards Required: _____ (Note: Supplemental forms attached for more than one card)

CARD #1

Line 1: M I A M I U - _____
(Cardholder Workshop Name: 18 characters total)

Line 2: _____
(Cardholder Name: 26 characters total)

Authorized Signature: _____ Birthdate: _____

Driver's License No: _____ State of Issue: _____

License Issue Date: _____ License Expiration Date: _____

ATM Cash Withdrawal Limit: \$ _____ (Max \$1000)

Daily Limit on Purchases: \$ _____ (Max \$10,000 Very Important)

Date Required: _____

Billing Contact: Michelle White
General Accounting
513-529-6115

Billing Address: Miami University
General Accounting Office
107 Roudebush Hall
Oxford, OH 45056

Transfer Amount: \$ _____

Transfer from Account No. **1209647**

Authorized by: MICHELLE WHITE

Signature: _____

Date: _____

Visa Check Card/ATM Application

This form must be completed by EACH cardholder. Please only complete yellow highlighted areas below.

CIF:
Card Number:

CSR:
Branch:

Card Name: _____

Business Name: MIAMI UNIVERSITY

SSN/TIN: N/A

ACCOUNT (S) TO BE ACCESSED BY THE CARD.

- You must have a checking account to receive a VISA Check Card.
- Only your primary checking account can be accessed at retail locations.

Checking Accounts:	Nickname
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Savings Accounts:	Nickname
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

For the purpose of obtaining a VISA check card, I made the above representations and certify that the above information is true and complete to the best of my knowledge. I hereby authorize the bank to obtain a consumer report to investigate any reference herein listed and to investigate any other sources pertaining to my financial responsibility.

I agree to abide by the terms and conditions governing this account. The undersigned agrees to and acknowledges receipt of a copy of the Debit Card Agreement with First Financial Bank, N.A.

Signature X _____ **Date** _____