

# Business Credit Card Servicing



Thank you for choosing BECU for your business financial service needs. You can use this form to add or remove authorized cardholders, set cardholder spending limits, and to designate card setup for your existing BECU account. If you have any questions, please contact a BECU representative at **800-704-8080**.

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|---|--|
| <input type="checkbox"/> Add authorized cardholders (Complete sections 1, 2, and 8.)    | <input type="checkbox"/> Set up change request (Complete sections 1, 5, and 8.)    |
| <input type="checkbox"/> Remove authorized cardholders (Complete sections 1, 3, and 8.) | <input type="checkbox"/> Automatic payment setup (Complete sections 1, 6, and 8.)  |
| <input type="checkbox"/> Change spending limits (Complete sections 1, 4, and 8.)        | <input type="checkbox"/> Balance transfer request (Complete sections 1, 7, and 8.) |

## 1. Business Information

BUSINESS NAME (and DBA, if applicable)

FEDERAL TAX IDENTIFICATION NUMBER (Employer Identification Number [EIN] or Social Security number [SSN])

## 2. Adding Authorized Cardholders

NUMBER OF CREDIT CARDS REQUESTED

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Important: If this form accompanies a credit card application, the total credit card limit will be divided equally amongst all cardholders unless you advise us differently after approval of your total credit limit. If this form adds new cardholders to an existing Business Credit Card Account, these cardholders will be set up the same as existing cardholders as either Single Individual Credit Card Account, Multiple Individual Credit Card Accounts, or Consolidated Pay Credit Card Accounts. The spending limit for any individual card may not exceed the total approved credit limit.

### AUTHORIZED CARDHOLDER NAME (1)

SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$	
MAILING ADDRESS (required)		CITY	STATE ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS	

### AUTHORIZED CARDHOLDER NAME (2)

SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$	
MAILING ADDRESS (required)		CITY	STATE ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS	

### AUTHORIZED CARDHOLDER NAME (3)

SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$	
MAILING ADDRESS (required)		CITY	STATE ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS	

### AUTHORIZED CARDHOLDER NAME (4)

SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$	
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## Business Credit Card Servicing

### 2. Adding Authorized Cardholders (continued)

MAILING ADDRESS (required)		CITY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS		
AUTHORIZED CARDHOLDER NAME (5)				
SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$		
MAILING ADDRESS (required)		CITY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS		
AUTHORIZED CARDHOLDER NAME (6)				
SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$		
MAILING ADDRESS (required)		CITY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS		
AUTHORIZED CARDHOLDER NAME (7)				
SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$		
MAILING ADDRESS (required)		CITY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS		
AUTHORIZED CARDHOLDER NAME (8)				
SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$		
MAILING ADDRESS (required)		CITY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS		
AUTHORIZED CARDHOLDER NAME (9)				
SSN		REQUESTED SPENDING LIMIT (minimum limit is \$500.00) \$		
MAILING ADDRESS (required)		CITY	STATE	ZIP CODE
HOME PHONE	MOBILE PHONE	EMAIL ADDRESS		

# Business Credit Card Servicing

## 3. Removing Authorized Cardholders

**Important: Do not use this form if you are concerned that unauthorized transactions have occurred.** Instead, contact us at 800-704-8080, Monday-Friday 7 am - 7 pm, Saturday 9 am - 1 pm Pacific Time. After hours: Call 800-449-7729. (After hours number is only used for reporting loss, theft, or unauthorized use of your credit card.)

**Cardholders requested to be removed:**

**AUTHORIZED CARDHOLDER NAME (1)**

CREDIT CARD NUMBER

REMOVAL EFFECTIVE DATE

**AUTHORIZED CARDHOLDER NAME (2)**

CREDIT CARD NUMBER

REMOVAL EFFECTIVE DATE

**AUTHORIZED CARDHOLDER NAME (3)**

CREDIT CARD NUMBER

REMOVAL EFFECTIVE DATE

**AUTHORIZED CARDHOLDER NAME (4)**

CREDIT CARD NUMBER

REMOVAL EFFECTIVE DATE

## 4. Authorized Cardholder Spending Limit Changes

**Important:** The desired spending limit will be reset upon receipt of this form and after we have had a reasonable opportunity to act on that notice. If you need to adjust spending limits immediately, contact us at 800-704-8080, Monday-Friday 7 am-7 pm, Saturday 9 am-1 pm Pacific Time. The spending limit for any individual card may not exceed the total approved credit limit.

**AUTHORIZED CARDHOLDER NAME (1)**

CREDIT CARD NUMBER

REQUESTED SPENDING LIMIT (minimum limit is \$500.00)  
\$

**AUTHORIZED CARDHOLDER NAME (2)**

CREDIT CARD NUMBER

REQUESTED SPENDING LIMIT (minimum limit is \$500.00)  
\$

**AUTHORIZED CARDHOLDER NAME (3)**

CREDIT CARD NUMBER

REQUESTED SPENDING LIMIT (minimum limit is \$500.00)  
\$

**AUTHORIZED CARDHOLDER NAME (4)**

CREDIT CARD NUMBER

REQUESTED SPENDING LIMIT (minimum limit is \$500.00)  
\$

# Business Credit Card Servicing

## 5. Credit Card Setup Change Request

### Important:

- Please refer to the BECU Business Credit Card Agreement and the Business Visa® Credit Card Setup Options for further information.
- New cardholder accounts will be established with new account numbers and new cards will be issued. Please allow 1-2 weeks for receipt of the new cards.
- BECU will not suspend existing cards until the new cards have been activated.
- New cardholder accounts can only be issued to existing cardholders for existing spending limits. To add additional cardholders, please complete the Adding Authorized Cardholders section (2) of this form. To change spending limits, please complete the Authorized Cardholder Spending Limit Changes section (4) of this form.

Business Services will contact the person listed below if additional information is needed and to coordinate the timing of the requested change, closing existing account, and balance transfers.

CONTACT NAME	PHONE	EMAIL ADDRESS
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### Please select the new setup:

#### ☐ Single Individual Credit Card Account

One or more physical cards, each with the same account number and with access to the full account credit limit.

#### ☐ Multiple Individual Credit Card Accounts

Each physical card is a separate account with a separate spending limit. Payments are made to each individual account.

#### ☐ Consolidated Pay Credit Card Accounts

Each physical card has a separate account number and spending limit but roll up to a Control Account. All payments are applied to the Control Account.

## 6. Automatic Payment Setup

**Important:** By signing below, you authorize BECU to transfer funds from the selected deposit account on the payment due date. You will still receive a monthly Visa® statement.

- Please allow two weeks for processing.

- Use the following Automatic Payment Codes:

- A. Minimum payment due from checking  
B. Last statement balance from checking

- C. Minimum payment due from savings  
D. Last statement balance due from savings

- E. Cancel automatic payment transfer

### Individual Credit Card Accounts:

CREDIT CARD ACCOUNT #	DEPOSIT ACCOUNT TO BE CHARGED #	AUTOMATIC PAYMENT CODE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
CREDIT CARD ACCOUNT #	DEPOSIT ACCOUNT TO BE CHARGED #	AUTOMATIC PAYMENT CODE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
CREDIT CARD ACCOUNT #	DEPOSIT ACCOUNT TO BE CHARGED #	AUTOMATIC PAYMENT CODE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
CREDIT CARD ACCOUNT #	DEPOSIT ACCOUNT TO BE CHARGED #	AUTOMATIC PAYMENT CODE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E

### Consolidated Pay Account:

CONSOLIDATED PAY ACCOUNT #	DEPOSIT ACCOUNT TO BE CHARGED #	AUTOMATIC PAYMENT CODE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E
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## 7. Balance Transfer Request

**Important:** Please allow 4-6 weeks for your balance transfer to post. Refer to the BECU Business Credit Card Agreement for further information.

CREDITOR (1)			CREDITOR (2)		
CREDITOR ADDRESS			CREDITOR ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CREDIT ACCOUNT #			CREDIT ACCOUNT #		
AMOUNT TO BE PAID			AMOUNT TO BE PAID		

## Business Credit Card Servicing

### 8. Acknowledgments and Business Owner / Guarantor Signature(s) (Requires at least one signature.)

This form is considered part of your Business Credit Card application and the BECU Business Credit Card Agreement and Disclosures apply. By signing below you are signing for the Business as an acting officer of the Business and individually as a guarantor. You hereby authorize BECU to take the actions requested on this form and you agree to the following:

1. You certify that the information contained herein is complete and accurate. You certify that the execution, delivery, and performance of this form have been authorized by the Business.
2. You affirm that you are an acting officer of the Business with the ability to bind the Business to the obligations of the BECU Business Credit Card Agreement and Disclosures as it may be amended from time to time (the "Agreement"), which contains the terms and conditions that will govern the Business Account, so that the Business is liable for the total amount of all Purchases, Cash Advances, Balance Transfers, and other transactions charged to the Business Account, plus finance charges, fees, and other charges incurred in connection with the Business Account and all amounts due under the Agreement (the "Obligations").
3. Further, with respect to various sections of this form, you agree to the following:
  - a. Adding Authorized Cardholders: You authorize the issuance of the credit cards to each of the Authorized Cardholder(s) listed above. You agree that the cards will be used primarily for business purposes, and not personal, family or household purposes.
  - b. Removing Authorized Cardholders: You acknowledge that you, the Business, and each guarantor will pay us the total amount of any and all Purchases, Cash Advances, Balance Transfers, and other transactions charged by the above Authorized Cardholder(s) before you notified us to cancel their cards and we have had a reasonable opportunity to act on that notification. Your liability is joint, several and personal. Further, you acknowledge that you have collected the credit card device issued to each Authorized Cardholder. You acknowledge that the credit card device will be destroyed, rendering it unusable, or returned to BECU.
  - c. Authorized Cardholder Spending Limit Changes: If you are requesting a reduction in the spending limit, you acknowledge that you, the Business, and each guarantor will pay us the total amount of any and all Purchases, Cash Advances, Balance Transfers, and other transactions charged by the above Authorized Cardholder(s) whether or not those charges exceed the reduced spending limit.
  - d. Credit Card Setup Change Request: You acknowledge that you, the Business, and each guarantor will pay us the total amount of any and all Purchases, Cash Advances, Balance Transfers, and other transactions charged to the existing Authorized Cardholder accounts prior to such time that BECU suspends those existing cards. Further, you authorize the issuance of new credit card accounts to each of the Authorized Cardholder(s) and you acknowledge that you, the Business, and each guarantor will pay us the total amount of any and all Purchases, Cash Advances, Balance Transfers, and other transactions charged to those new credit card accounts.
  - e. Automatic Payment Setup: You authorize BECU to transfer funds from the selected deposit account on the payment due date. If there are insufficient funds to make the requested payment, BECU will not attempt to process the payment after the initial attempt. Further you acknowledge that if funds are not available to make your Visa® payment, your Visa® account may be charged a returned payment fee. Cancellation of your Automatic Payment Setup will occur after we have had a reasonable opportunity to act on that notification.
  - f. Balance Transfer Request: You acknowledge that Balance Transfers will be treated as Cash Advances for calculation of finance charges and will begin to accrue finance charges from the date the transaction is posted to your account. You also acknowledge that you are responsible to continue making payments to any other card issuer until the payment for the transferred amount appears on that card issuer's statement.

**Oral agreements or oral commitments to loan money, extend credit, or to forbear from enforcing repayment of a debt are not enforceable under Washington law.**

**Important Note:** By signing you are signing for the Business as an acting officer of the Business and individually as a guarantor.

NAME / GUARANTOR (1)	SIGNATURE	DATE
NAME / GUARANTOR (2)	SIGNATURE	DATE
NAME / GUARANTOR (3)	SIGNATURE	DATE
NAME / GUARANTOR (4)	SIGNATURE	DATE

If form is not submitted electronically, please return completed and signed form to:  
BECU MS 1146-1, PO Box 97050 Seattle, WA 98124-9750