BizCard Direct

Administrator access request form

Everence®

Business name (as identified on account title) _____

Account number _____

☐ **Add** ☐ **Remove**

Administrator's name _____
First middle last

Mailing address _____
Street/PO Box City State ZIP code

Business telephone _____ Administrator's email _____

For verification purposes:

Administrator's Social Security number_____ Administrator's date of birth_____

☐ **Add** ☐ **Remove**

Administrator's name _____
First middle last

Mailing address _____
Street/PO Box City State ZIP code

Business telephone _____ Administrator's email _____

For verification purposes:

Administrator's Social Security number_____ Administrator's date of birth_____

I/we as authorized representatives of the organization identified above request that Everence Federal Credit Union establish/update BizCard Direct online access for the organization's business credit card relationship. By requesting such access I/we agree to accept full liability for any implemented changes initiated in both an immediate and delayed request format through this service. My signature below authorizes the identified individual to conduct the applicable transactions available through BizCard Direct. I/we understand there will be a $10 maintenance fee for telephone or email requests processed by the credit union.

_____ _____
Signature (must be a signer on the account) Date

Please include copy of administrator's driver's license to have on file.

Card Services Group

_____ _____ _____
Company ID Date received Date entered

_____ _____
Administrator's username Date communicated with administrator

Email, fax or mail the completed form to the electronic services and operations department:

Email: infocu@everence.com
Fax: 717-735-8331
2160 Lincoln Highway E. Ste. 20
Lancaster, PA 17602

Everence Federal Credit Union
2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
everence.com
Toll-free: 800-451-5719
F: 717-735-8331
infocu@everence.com