

Business Debit Card Application Form

Please complete this form if you want any debit cards to be issued on your business current account. You can photocopy this form to add more cardholder details, up to a maximum of 20 cards per account. When the form is complete, please make sure that it is signed in accordance with your account mandate, and post back to:

The Co-operative Bank, PO Box 4931, Swindon, SN4 4PL.

Account Details

SORT CODE	ACCOUNT NUMBER
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ACCOUNT NAME <input type="text"/>	
<input type="text"/>	
Print the business/organisation name as you want it to appear on the front of the debit card, up to a maximum of 20 characters, including any spaces or punctuation.	
<input type="text"/>	

Cardholder Details

The maximum daily cash withdrawal limit is £500 per card, per day. If the card is used to make online purchases, please ensure the Bank has the cardholders correct UK mobile number. The cardholder may be asked to enter a one-time passcode sent by text to help protect from fraud.

Card 1	
Title <input type="text"/>	First name (in full) <input type="text"/>
Surname <input type="text"/>	
Date of birth <input type="text"/>	Daily cash withdrawal limit £ <input type="text"/>
UK mobile phone number <input type="text"/>	
Signature <input type="text"/>	

Card 2

Title _____ First name (in full) _____

Surname _____

Date of birth _____ Daily cash withdrawal limit £ _____

UK mobile phone number _____

Signature _____

Card 3

Title _____ First name (in full) _____

Surname _____

Date of birth _____ Daily cash withdrawal limit £ _____

UK mobile phone number _____

Signature _____

Business/Organisation Declaration

I/We irrevocably authorise the Bank to issue a Co-operative Bank Business debit card to each of the individuals named in the 'Cardholder Details' section within this application. I/We understand and acknowledge that the Bank retains sole discretion as to whether an individual is given a card. I/We confirm that I/we have informed each named individual of the Business current account Terms and Conditions and security requirements associated with the issue of a debit card and I/we accept full responsibility for any failure by any cardholder to comply with these. I/we confirm that all card holders have consented to their mobile phone number being shared for the purpose of authenticating online purchases only. Please ensure that this is signed in accordance with your account mandate.

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Name _____

Signature _____ Date _____

Please call 03457 213 213* (8am to 6pm Monday to Friday and 9am to 12 noon on Saturday) if you would like to receive this information in an alternative format such as large print, audio or Braille.

The Co-operative Bank p.l.c. is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Financial Services Register No: 121885). Registered office: 1 Balloon Street, Manchester, M4 4BE. Registered in England and Wales (Company No: 990937).

*Calls to 03 numbers cost up to 16p per minute. Charges for calls made outside of the UK will be determined by your local provider. Calls may be monitored or recorded for security and training purposes. Information correct as at 03/2025.