

DEBIT CARD APPLICATION

Member Information

Account # _____
Member Name _____
Street _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Date of Birth _____ Social Security # _____

Joint Owner Information (If applicable)

Joint Owner Name _____
Street _____
City/State/Zip _____
Home Phone _____ Cell Phone _____
Date of Birth _____ Social Security # _____

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Fund Transfer Agreement.

CELL PHONE # FOR FRAUD TEXT ALERTS _____

X _____

SIGNATURE OF MEMBER

DATE

X _____

SIGNATURE OF JOINT OWNER

DATE

For Credit Union Use Only:

Application Accepted by: _____

D/C # XXXX1300 _____ Date: _____ Misc: _____

D/C # XXXX1300 _____ Date: _____ Misc: _____

D/C # XXXX1300 _____ Date: _____ Misc: _____

D/C # XXXX1300 _____ Date: _____ Misc: _____

D/C # XXXX1300 _____ Date: _____ Misc: _____