

**FILL OUT THIS APPLICATION
TO RECEIVE YOUR DEBIT CARD.**

ACCOUNT NUMBER _____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

The checking/savings account must be a joint account in order to have a second card for access.

Yes, an additional debit card* is requested and should be issued in the joint account owner name indicated below:

LAST NAME _____ FIRST NAME _____ MIDDLE _____

RELATIONSHIP _____

If a Debit Card(s) is issued, I (we), the undersigned applicant(s), by signing or using the Debit Card(s) ("card") agree that I (we) will be bound by the terms of the Debit Card agreement and disclosure which will be furnished to me (us). I (we) agree to surrender the card(s) upon demand and authorize the credit union to obtain credit reports in connection with this application and for any update or renewal of the card(s).

* For security purposes, each card will have a unique card number upon issuance. Both cards will access the joint checking/savings account.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

FOR CREDIT UNION USE ONLY

APPROVED REJECTED DATE

CREDIT COMMITTEE DAILY LIMIT

ACCOUNT NUMBER