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Debit Card Application

Primary Member Information:	
Member Number:	Checking Acct Number:
<i>How your name should appear on your card</i>	
First Name:	Middle Name:
Last Name:	Social Security Number (TIN):
Home Phone:	Cell Phone:
Work Phone:	Email:
Driver's License #	

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 owner name indicated below:

<i>How the joint owner's name should appear on his/her card</i>	
First Name:	Middle Name:
Last Name:	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.

Overdraft Services: If there are, multiple owners on the debit card account, either account owner can act on behalf of all owners on the account. Only one (1) account owner signature is needed to add or remove the overdraft coverage. Please check one:

ADD COVERAGE: I want the Credit Union to authorize and pay overdrafts on my ATM and One-time debit card transactions. I understand I will be charged fees as listed in the account disclosure. I have the right to revoke this coverage at any time by contacting the Credit Union in writing or by phone.

REMOVE COVERAGE: I do not want the Credit Union to authorize and pay overdrafts on my ATM and One-time debit card transactions.

Primary Member Signature:	Date:
Joint Member Signature:	Date:

For Credit Union Use Only

Approved:	Rejected:	Date:
Staff Signature:		Approved Daily Limits: