



YOUR CREDIT UNION
 123 Main Street
 Yourtown, State 12345
 (123) 456-7890

DEBIT CARD APPLICATION

MEMBER INFORMATION

Member/Owner Name		Member No.	
Street			
City/State/Zip		SSN/TIN	
Home Phone	Work Phone	ID Type	ID Expiration
Date of Birth		ID No.	State Issued
Email		Employer	

JOINT OWNER INFORMATION

(if applicable)

Joint Owner		SSN/TIN	
Street		ID Type	ID Expiration
City/State/Zip		ID No.	State Issued
Home Phone	Work Phone	Employer	
Date of Birth		E-mail	

SERVICES REQUESTED

I/We request the following services (please mark):

<input type="checkbox"/> ATM Card	<input type="checkbox"/> Debit Card
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REASON FOR ORDER

<input type="checkbox"/> New Account / 1 st Request	<input type="checkbox"/> Lost / Stolen
<input type="checkbox"/> PIN Only	<input type="checkbox"/> Captured
<input type="checkbox"/> Damaged	<input type="checkbox"/> Other

AUTHORIZATION

By checking the Services Requested 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 this request of electronic funds transfer services, You acknowledge receipt of and agree to the terms and conditions of the Credit Union's Electronic Funds Transfer Agreement. You understand the credit union will request information from you to verify your identity in accordance with the USA Patriot Act.

X _____	X _____
Member's Signature	Joint Owner Signature
Date	Date

FOR CREDIT UNION USE ONLY

Approved By	Member ID Verified By
Approved Date	PIN Requested