



ELECTRONIC SERVICES APPLICATION

Please indicate the service you are applying for by checking the appropriate boxes below. **Please print.**

Debit Card

- Issue card for owner
- Issue card for joint owner

Disclosure & Required Signatures

By signing below, I (we) acknowledge receipt of a copy of the EFT Disclosure and acknowledge that I (we) have read and agree to be bound by the terms of such an agreement. If this application is approved and a Debit Card PIN is issued, I (we) agree by signing, using and permitting another to use cards to be bound by the Cardholder agreement accompanying the card(s). In considering this application, I (we) authorize the credit union to request credit information from an outside reporting agency. Upon request, the credit union will supply the name and address of the credit bureau supplying such information.

Signature (1): _____

Signature (2): _____

General Information

Account # _____ Date _____

Owner(1)Name: _____

Social Security Number: _____ Email: _____

Birth Date: ____ / ____ / ____ Driver's license Number: _____

Address: _____

Primary Phone: _____ Additional Phone: _____

Owner(2)Name: _____

Social Security Number: _____

Birth Date: ____ / ____ / ____ Driver's license Number: _____

Address: _____

Primary Phone: _____ Additional Phone: _____

Credit Union Use Only

Approved By: _____ Date: _____ Offline Limit: \$ _____

****Special Instructions:** _____