

Debit Card Application



Name _____		Account # _____	
Street Address _____			
City _____		State _____	Zip _____
Home Phone _____		Work Phone _____	
Cell Phone _____		Email _____	

Would you like to receive scholarship rewards?

Yes No

Joint Owner Information (if applicable)

Name _____		Account # _____	
Street Address _____			
City _____		State _____	Zip _____
Home Phone _____		Work Phone _____	
Cell Phone _____		Email _____	

By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining a Debit Card. If approved for the Debit Card, you acknowledge the receipt of and agree to the terms of the Electronic Funds Transfer Agreement and Disclosure.

X

_____	_____
Member Signature	Date

X

_____	_____
Joint Owner Signature	Date

For Credit Union Use Only

eFunds Verified New Card Reissue Same # Reorder New #

Card Number: _____ Card Stock Code: _____ Ref2 = 700

Scholarship Rewards Terms and Agreement

Approved by: _____ _____
Employee Signature Date

Comments: _____