

**DEBIT CARD APPLICATION**

**Please Print**

## Name:

## Mailing Address:

## City: State: Zip: Physical Address:

## City: State: Zip:

Social Security Number: DOB:

Phone numbers: (home) (cell)

**\*\*IF YOUR DEBIT CARD IS LOST OR STOLEN AND THE PIN IS USED, THE CREDIT UNION WILL NOT BE LIABLE OR RESPONSIBLE FOR THE TRANSACTIONS.\*\***

Signature: By signing below, the member requests the described services and agrees to the terms and conditions governing these services, including any applicable fees. The member agrees that all information is accurate. You will receive your debit card pin number in the mail within 7 to 10 business days with your new debit card following in about 3 more days. For associated fees, please refer to the online fee schedule. If you abuse the privilege, such as improper use or repeated loss of your card, your right to have an ATM card may be denied. The member acknowledges that he/she has received and read all disclosures pertaining to debit cards.

## Signature: Date:

Date:

Ordered by:

Card Number

Acct Suffixes

Account Number

Replacement Fee

Replacement Card

***EKYFCU use only***

New Card

