CONSUMERS CREDIT UNION
DEBIT CARD APPLICATION

Please order a Consumers Credit Union DEBIT CARD as follows:
Account #_____

Please Choose One:

☐ New Debit Card ☐ Replacement Card (Worn or Broken)

Reason for Replacement Card:

☐ Lost/Stolen($15 Replacement Fee) ☐ Damaged ☐ Never Received

Please print name(s) as listed in the Consumers Credit Union Member Profile.

Applicant's Name:		
Social Security Number #		
Co-Applicant's Name:		
Social Security Number #		
Address		
City	State	Zip
Work Phone	Home Phone	
( )	( )	
Mother's Maiden Name:	Home Email:	
Date Checking Account Opened:	Applicant's Date of Birth:	

The applicant and co-applicant authorize investigation of their creditworthiness and the renewal of any card(s) issued. Card(s) will be issued upon approval of this application. The disclosure statement explaining your rights and responsibilities as a DEBIT CARD cardholder will be provided with each new card(s) application. By signing this application, you acknowledge receipt of the disclosure and understand your responsibilities as stated in the disclosure agreement.

X _____ _____
Applicant's Signature Date

X _____ _____
Co-Applicant's Signature Date

*Please note if joint account both owners must sign.

Credit Union Use Only:

Beacon Score	Teller #	Date:
Approved by:	Teller #	Date:

For Electronic Services Use Only:

Processed by:	
Date Card(s) Ordered:	
# of Card(s) Issued:	
Applicant	Co-Applicant
(DEBIT CARD #)	DEBIT CARD #)

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(712) 263-5605 (877) 715-2578

Consumers Credit Union membership is open to residents of Crawford, Carroll, Sac, Shelby, Monona, Harrison or Ida Counties. You must be a Consumers Credit Union member to obtain credit and/or use credit union services.