



Debit Card Application & Member Information

On New or Existing Memberships

Section 1– Membership Information

Account Number: _____

Member Name: _____

Street: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

SSN: _____ D.O.B. _____

Driver's License Number: _____

Employer: _____

Position/Title: _____

Years Worked There: _____

Full Time _____ Part Time Hrs. _____

Income: Gross Monthly \$ _____ (or)

Net Monthly \$ _____

Home: Own _____ Rent _____ How long? _____ yrs.

Monthly Payment \$ _____

JOINT OWNER INFORMATION (If applicable)

Account Number: _____

Member Name: _____

Street: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

SSN: _____ D.O.B. _____

Driver's License Number: _____

Employer: _____

Position/Title: _____

Years Worked There: _____

Full Time _____ Part Time Hrs. _____

Income: Gross Monthly \$ _____ (or)

Net Monthly \$ _____

Home: Own _____ Rent _____ How long? _____ yrs.

Monthly Payment \$ _____

Section 2– Product Options

We request the following service (please mark):

Debit Card– Check here to apply for an Education First C.U. Debit Card; however, you must have an Education First C.U. checking account.

Debit Card with Overdraft Protection/Line of Credit- If there are insufficient funds in your checking account, you may request that we automatically transfer the funds from other Education First C.U. deposit and line of credit accounts in your name; i.e. Savings, VISA or Home Equity Line of Credit.

Section 3– Signatures

By checking the boxed 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. You agree: (a) that the Credit Union can use credit reporting agencies or otherwise verify the information on this Application for the purpose of extending credit or services to you or reviewing or collecting on a loan account of yours; (b) that the Credit Union can tell others about its credit experience with you and obtain information from others about your credit history and performance. If you request, the Credit Union will tell you the name and address of any credit reporting agency form which it received a credit report on you. If approved for the requested Debit Card Services, you acknowledge receipt of and agree to the terms of the Debit Card Agreement.

X _____ **X** _____

Member Signature Date Joint Member Signature Date

FOR CREDIT UNION USE ONLY

Approved By _____ Member Verification _____ Loan Approved By _____

\$ Amount Approved _____ Credit Report _____ Debit Card _____ PIN Requested _____