

Debit Card Application

Teller # _____ & Initial _____

_____ I request a debit card be issued for me as the owner of this account.

Member Account # _____ Member Name _____

***Primary Mothers Maiden Name** _____

***SSN #** _____

***Street Address** _____ ***Home Phone #** _____

City/State/Zip _____, _____, _____

Employer _____ ***Work Phone #** _____

Cell Phone # _____, E-mail address _____

Joint Owner Information (if applicable)

I request that a debit card be issued to the joint owner of this account. _____
(Joint Owners Signature is required below.) (Primary Member Initials)

Joint Owner Name _____ ***SSN #** _____

***Joins Mothers Maiden Name** _____

***Street Address** _____ ***Home Phone #** _____

City/State/Zip _____, _____, _____

Employer _____ ***Work Phone #** _____

Cell Phone # _____, E-mail address _____

I hereby apply for and request issuance of a Texas Partners Federal Credit Union Debit Card together with a personal identification number (PIN) to be used to access my funds in the credit union. By signing this application, I agree that use of the card will be governed by the terms, conditions and disclosures contained in the Card Agreement and I hereby acknowledge receipt of that agreement. I also certify that the information on this application is complete and true. Certain credit union criteria and a credit report are required in order to determine the approval of this card.

Member's Signature Date

Joint Owner's Signature Date

For Credit Union Use Only:

Insta Check Code by DL# _____ Member Verification _____
(Type of verification used)

Insta Check Code by SS# _____

Approved By _____ Date Approved _____

Share Draft Account to Access for Debit Card _____ Account to Access for Overdraft _____

Date card and PIN # ordered _____ Credit Score _____ N/A _____

***Required fields to be completed, incomplete fields will cause delay in process.** Updated 10/2/08