

Fill out this application to receive your Keystone UMFCU debit card.

Debit Card Application

Account Number _____

Last Name _____ First Name _____ Middle _____

SS# _____

Street _____

City/State/Zip _____

Home Phone () _____

Listed Unlisted

Work Phone () _____

Email _____

The checking/savings account must be a joint account in order to have a second card for access.

Yes, an additional debit card* is requested and should be issued in the joint account owner name indicated below:

Last Name _____ First Name _____ Middle _____

Relationship _____

If a Debit Card (s) is issued, I (we), the undersigned applicant(s), by signing or using the Debit Card(s) ("card") agree that I (we) will be bound by the terms of the Debit Card agreement and disclosure which will be furnished to me (us). I (we) agree to surrender the card(s) upon demand and authorize the credit union to obtain credit reports in connection with this application and for any update or renewal of the card(s).

*For security purposes, each card will have a unique card number upon issuance. Both cards will access the joint checking/savings account.

Signature _____ Date _____

Signature _____ Date _____

FOR CREDIT UNION USE ONLY

APPROVED

REJECTED

APPROVED

CREDIT COMMITTEE _____ DAILY LIMIT _____

ACCOUNT NUMBER _____