

# Debit Card Application



**New Order**

**Reorder**

Please print this form, fill it out and fax to **601-923-2511** or mail to:  
P.O. Box 31049, Jackson MS 39286

| General Information  |  |  |      |
|--|--|--|------|
| Will there be a co-applicant on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes (The co-applicant <b>must</b> be joint on the checking)   |  |  |      |
| Primary Member   |  |  |      |
| First Name:  | Last Name:   |  |      |
| Social Security Number:  | Home Phone:  | Work Phone:  |      |
| Cell Phone Number:   | Email Address:   |  |      |
| Street Address:  | City:  | State:   | Zip: |
| Co-Applicant (Co-applicant must be joint on checking account in order to receive a debit card)   |  |  |      |
| First Name:  | Last Name:   |  |      |
| Social Security Number:  | Home Phone:  | Work Phone:  |      |
| Cell Phone Number:   | Email Address:   |  |      |
| Street Address:  | City:  | State:   | Zip: |
| Additional Information   |  |  |      |
| <b>Personal Identification Number (PIN)</b>  |  |  |      |
| Please select your own PIN number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>   |  |  |      |
| <b>Signatures:</b> By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit. |  |  |      |
| _____<br>Primary Member's Signature  |  | _____<br>Date  |      |
| _____<br>Co-Applicant's Signature  |  | _____<br>Date  |      |
| Credit Union Use Only  |  |  |      |
| Approved By: _____ Date Approved: _____ <input type="checkbox"/> I have already charged \$10 replacement fee   |  |  |      |
| Checking Account #: _____  |  | Savings Account #: _____   |      |
| <b>REASON FOR REORDER:</b>   |  |  |      |
| <input type="checkbox"/> Stolen Card   | <input type="checkbox"/> Captured Card                               | <b>Reorder</b> – Has address changed within last 30 days?              |      |
| <input type="checkbox"/> Damaged Card  | <input type="checkbox"/> Card for Joint Owner (must be on ckg. acct) | <input type="checkbox"/> Yes <input type="checkbox"/> No               |      |
| <input type="checkbox"/> Lost Card   | <input type="checkbox"/> Other _____                                 | If Yes, verification procedures followed? <input type="checkbox"/> Yes |      |