

# 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? ☐ No ☐ Yes (The co-applicant **must** be joint on the checking)

## Primary Member

First Name:	Last Name:		
Social Security Number:	Phone:		
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:	Phone:		
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:	Phone:		
Street Address:	City:	State:	Zip:

## Additional Information

### Personal Identification Number (PIN)

Please select your own PIN number:

**Signatures:** 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.

Primary Member's Signature	Date
Co-Applicant's Signature	Date
Co-Applicant's Signature	Date

## Credit Union Use Only

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_