

Debit Card Application Form

Midwest Coalition of Labor



Credit Union

Card for: Owner Joint Owner Both Owner & Joint Owner

Name – Please Print (Full Legal Name)

Account Number

Address

City, State, Zip

Phone Number

Joint Owner **MUST** be a joint owner on the checking account

Joint Owner Name – Please Print (Full Legal Name)

Phone Number

I (we), the undersigned applicant(s), by signing or using the Visa Debit card(s) agree that I (we) will be bound by the terms of the Visa Debit Card Agreement and Electronic Fund Transfers (EFT) Initial Disclosure Statement that 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). I (we) acknowledge that there is a \$10 replacement card fee.

*For security purposes, each card will have its own card number upon issuance.

X _____

Owners Signature

Date

X _____

Joint Owners Signature

Date

Please Return to: Midwest Coalition of Labor Credit Union
6240 Joliet Rd.
Countryside, IL 60525
Fax: 708-482-9606

For Credit Union Use Only

Received By

Date

Processed By

Date