



DEBIT CARD APPLICATION

Complete this form (digitally or on a printed copy) and fax it to 214-357-3299.

GENERAL INFORMATION

Will there be a co-applicant for this application? _____ Yes _____ No

PRIMARY APPLICANT

CO-APPLICANT

Member No.	_____	_____
Checking Acct No.	_____	_____
Last Name	_____	_____
First Name	_____	_____
Middle Name	_____	_____
Name for your debit card	_____	_____
Social Security No. or TIN	_____	_____
Date of Birth	_____	_____
Home Phone No.	_____	_____
Work Phone No.	_____	_____
Other Phone No.	_____	_____
Email Address	_____	_____
Drivers License No.	_____	_____
Drivers License State	_____	_____
Mother's Maiden Name	_____	_____
Present Employer Name	_____	_____
Home Address	_____	_____
	_____	_____
City, State, Zip	_____	_____

ADDITIONAL INFORMATION

How do you prefer to be contacted?

- _____ Home phone
- _____ Work phone
- _____ Other phone
- _____ Email
- _____ Other. Please describe: _____

Special instructions or comments: _____

SIGNATURES

Primary Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____