



# DEBIT CARD APPLICATION

WESTconsin Credit Union Member # \_\_\_\_\_

Membership Savings Account ID #0000

Checking Account ID \_\_\_\_\_

## PRIMARY ACCOUNT OWNER INFORMATION

Name \_\_\_\_\_  
First Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*PLEASE LEAVE THIS AREA BLANK*

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Debit Card Number \_\_\_\_\_

## JOINT ACCOUNT OWNER INFORMATION

Name \_\_\_\_\_  
First Last

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*PLEASE LEAVE THIS AREA BLANK*

Date Entered \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ Debit Card Number \_\_\_\_\_

The undersigned give(s) the information in this application for the purpose of obtaining a debit card from WESTconsin Credit Union. I/We certify that the information is true and complete and authorize WESTconsin Credit Union to investigate my/our financial responsibility through any reasonable means. I/We have received and will comply with WESTconsin Credit Union's MEMBERSHIP AND ACCOUNT AGREEMENT, ELECTRONIC FUND TRANSFERS AGREEMENT AND DISCLOSURE and SERVICE CHARGES AND FEES brochure. I/We understand that if I/we receive a debit card and have overdrafts in a period of time, WESTconsin Credit Union may close my/our account. In addition, I/we understand and agree that each person who holds a card to access this account and any persons to whom the card is given may access my/our account with it.

\_\_\_\_\_  
SIGNATURE OF PRIMARY OWNER Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER (when applicable) Date \_\_\_\_\_

## PLEASE DROP THE COMPLETED APPLICATION OFF AT YOUR LOCAL OFFICE OR MAIL TO:

WESTconsin Credit Union  
Attn: Electronic Services Dept.  
PO Box 160  
Menomonie, Wisconsin 54751