

APPLICATION

WESTconsin Credit Union Acount #	Membership Savings Account Suffix #00
Business Name	Checking Account Suffix #8
PRIMARY CARDHOLDER INFORMATION	
Name First Last	
Street Address	
City	State Zip Code
Home Phone – –	Work Phone – –
PLEASE LEAVE THIS AREA BLANK	
Date Entered/ by Debi	t Card Number
ADDITIONAL CARDHOLDER INFORMATION	
Name	
Name First Last	
Street Address	
City	State Zip Code
Home Phone – –	Work Phone – –
PLEASE LEAVE THIS AREA BLANK	
Date Entered/ by Debi	t Card Number
The undersigned give(s) the information in this application for the purpose of obtaining a business debit card from WESTconsin Credit Union. IWe certify that the information is true and complete and authorize WESTconsin Credit Union to investigate my/our financial responsibility through any reasonable means. IWe 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. IWe 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.	

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

Date

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

SIGNATURE OF PRIMARY CARDHOLDER

SIGNATURE OF ADDITIONAL CARDHOLDER (when applicable)