

## DEBIT CARD REQUEST FORM

Account Holder:

Financial Institution: Community Credit Union  
20 1<sup>st</sup> St N  
New Rockford ND, 58356

### Issue Cards To

Member Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Member Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Account Information and Instructions

Account(s) to access with Debit Card:

Primary Account:

**Note:** Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions on the visa network from your debit card will be deducted from the primary account listed above. Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions involving a refund will be credited to your Primary Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transactions. Visa is a registered trademark of Visa International.

### The Debit Card cards are to be setup/enabled with the following features:

- Automated Teller Machine Access
- Point of Sale Debit Card Access
- Enhanced Point of Sale Debit Card Access with Visa logo  
Check Guarantee card

Special Instructions or Provisions: \_\_\_\_\_

### AUTHORIZATION

I (the Account Holder(s)) apply for a Combined Automated Teller Machine/ Point of Sale/ Debit (ATM/POS/Debit) Card to be used in conjunction with the account(s) listed above. The Combined ATM/POS/Debit Card will be setup (pursuant to my request) with the functions or features indicated above and usage of the Combined ATM/POS/Debit Card will be subject to the terms and conditions contained in the Membership Account Agreement and Disclosure and Regulation E-Disclosure that have been provided to me. I authorize the Financial Institution to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this Combined ATM/POS/Debit Card is not granted. I agree not to use the Combined ATM/POS/Debit Card in any illegal activity.

### Account Holder:

X \_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

**INSTITUTION USE ONLY**

**DATE TAKEN:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

**BY:** \_\_\_\_\_

