



Debit card application

Account information

Name:	Member number:
Mailing address:	Checking account number: <small>(10 digit #)</small>
City, state and zip:	Telephone number:

Order debit card(s) for joint owners (Individuals must be on the checking account)

Name:	Name:
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Signature(s)

I/We would like to request an STCU debit card(s) as designated above and agree that the information contained herein is correct.

<u> X </u>	_____	_____	<u> X </u>	_____	_____
	Applicant's signature	Date		Joint owner's signature	Date
			<u> X </u>	_____	_____
				Joint owner's signature	Date

For Credit Union use only

Employee:	OP#:	Date:
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