

## **Debit card application**

Name:   Joint Name:	Member number:				
Mailing address:  City, state and zip:  Phone number:  Phone number:  Phone number:  Debit card overdraft protection  I do not want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions  I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions  I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X Applicant's signature Date  By signing this request for a SCCU debit card you authorize SCCU to obtain a credit report and check employment. I/we agree the information contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	Name:		Joint Name:		
City, state and zip:  Phone number:  Phone number:  Debit card overdraft protection  I do not want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions  I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X Applicant's signature Date Date Date  By signing this request for a SCCU debit card you authorize SCCU to obtain a credit report and check employment. I/we agree the information contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	Employer/job title:		Employer/job title:		
Phone number:  Debit card overdraft protection  I do not want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X Applicant's signature Date Joint owner's signature Date  By signing this request for a SCCU debit card you authorize SCCU to obtain a credit report and check employment. I/we agree the information contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	Mailing address:		Mailing address:		
Debit card overdraft protection  I do not want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X Applicant's signature	City, state and zip:		City, state and zip:		
I do not want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions  I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X	Phone number:		Phone number:		
I do not want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions  I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X					
I want Spokane City Credit Union to authorize and pay overdrafts on my ATM and debit card transactions.  Signature(s)  X		Debit card ov	erdraft protection	7	
Applicant's signature  Date  Joint owner's signature  Date  By signing this request for a SCCU debit card you authorize SCCU to obtain a credit report and check employment. I/we agree the information contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	transactions				
By signing this request for a SCCU debit card you authorize SCCU to obtain a credit report and check employment. I/we agree the information contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	Signature(s)				
By signing this request for a SCCU debit card you authorize SCCU to obtain a credit report and check employment. I/we agree the information contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	×		×		
contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herin.  For Credit Union use	Applicant's signature	Date	Joint owner's signature	Date	
	contained herin is correct and I/we agree to the terms and conditions to the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee				
Approved ( ) Denied ( ) Date ordered: CU signature:		For Cro	edit Union use		