



Plastic Card Request

Debit Card: (\$15.00 each)

**Free with new checking account*

ATM Card: (\$15.00 each)

\$10.00 with a new membership

Primary Cardholder Information:

Name on Card: _____ Member #: _____

Address: _____

**If your address has changed in the last 30 days, we must have verification before a new card can be ordered.*

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ -Cell -Home -Other: _____

Social Security #: _____ Date of Birth: _____

Card # Issued:

Additional Cardholder Information:

Name on Card: _____ Member #: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ -Cell -Home -Other: _____

Social Security #: _____ Date of Birth: _____

Card # Issued:

Cardholder Authorization and Agreement

I/We authorize White County Federal Credit Union to obtain the necessary consumer information and to verify statements made in this application. I/We agree to the terms and conditions of the Debit Card Disclosure and the Electronic Funds Disclosure for White County Federal Credit Union.

Cardholder Signature: _____ **Date:** _____

Cardholder Signature: _____ **Date:** _____

<u>OFFICE USE ONLY</u>	
Receiving Employee Initials: _____	Date Received: _____
Processing Employee Initials: _____	Date Complete: _____
Added Card Info to Cubics Plus: <input type="checkbox"/> -Yes <input type="checkbox"/> -No	