

	<p align="center"><b>White County Federal Credit Union</b> <i>Your Hometown Credit Union Since 1958</i></p>	<p>Mail: 508 W Beebe Capps Expy Searcy, AR 72143 Phone: 501-268-3122 Fax: 501-268-7850 Web: whitecountyfcu.org</p>
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**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:** \_\_\_\_\_

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