



# SFCU DEBIT CARD APPLICATION

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

SS # \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

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

\_\_\_\_\_  
City State Zip

Home / cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Account #:** \_\_\_\_\_

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**Joint owner (if applicable)**

Joint owner name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

SS # \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

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

\_\_\_\_\_  
City State Zip

Home / cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Account #:** \_\_\_\_\_

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By signing below, you certify the information is complete, true, and submitted for the purpose of obtaining the SFCU Debit Card which provides access to your account through electronic services. In addition, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer (EFT) Agreement.

**Member signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint owner signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_