



Debit Card Application

New Add Joint Pin # Change Name Change _____
Former Name

Primary Name: _____ Account Number: _____

Home #: _____ Cell #: _____ Work #: _____

I hereby make application for Debit Card and agree to the terms and conditions set forth in the Electronic Funds Transfer Disclosure relating to the use of my card(s). **I AGREE NOT TO GIVE ANY PERSON MY PERSONAL IDENTIFICATION NUMBER (PIN) NOR KEEP MY CARD AND PIN NUMBER IN THE SAME LOCATION.** I understand that I will be liable in accordance with the disclosure and that the use of my card(s) and PIN number will give access to my savings and checking account.

Pin selection should not be any of the following: Birthday, S.S #, address, phone #, same numbers or obvious numbers such as 1234. You should memorize your PIN # and destroy any paper which contains it.

Primary Signature _____ Date _____

Please complete Joint Name information and Joint Signature if requesting a joint card.

Joint Name: _____ *(Must be joint on primary savings or checking)*

Home #: _____ Cell #: _____ Work #: _____

Joint Signature _____ Date _____

CREDIT UNION USE ONLY

Primary Member's 6-Digit WebPIN Reference Number: _____

Primary Member's Identification: _____

Comments: _____

Joint Member's 6-Digit WebPIN Reference Number: _____

Joint Member's Identification: _____

Comments: _____

SFEFCU Rep.'s Name and Teller #