

ACCOUNT ACCESS - COMMON APPLICATION

Please only complete this form for new or replacement services

Account Number (UserID) _____

Member Name - Primary: _____ Joint: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____-_____ ext. _____ Home Phone: (____) _____-_____

Alternate Address (if applicable) Physical Joint owner/Co-signer Start _____ End _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (____) _____-_____ ext. _____ Home Phone: (____) _____-_____

Visa Debit Card ATM Card Primary Joint New Replacement PIN only

You must have share draft/checking account to apply for a Visa Debit Card - There is a separate application for minors under 18

Reason for replacement _____ Mbr Card # _____ \$ _____

Driver's License - Primary: _____ Joint: _____

PCU - email address _____ e-Statements - You must provide an email address.

Teller24 - PIN Numbers only please. We recommend you change your PIN when you call in the first time.

Checks - Start# _____ Boxes _____ Style _____ Lettering _____ Monogram _____

Liberty Deluxe Senior Benefits Plus New Reorder Additional information*

*Checks will be imprinted with name and address only unless this box is checked. Please use the provided space to indicate imprint instructions.

For Credit Union Use - Check Orders

Direct Deposit Check Digit(s) _____

Ordered by # _____ Date _____

Be sure to read all disclosures before signing.

By signing below I acknowledge receipt of the Membership Account Agreement inclusive of the disclosure concerning the services I have chosen, and the discretionary overdraft privilege policy, and agree to all terms and conditions of these agreements and/or policies. I agree the information supplied by me on this application is true and complete. I understand inquiries may be made for approval. Approval of this application is subject to the credit policies of this institution. I agree that upon issuance of a Visa Debit Card, I will surrender any and all ATM Cards that access the above referenced account(s).

Signature of Primary Member _____

Date _____

Signature of Joint Member _____

Date _____

For Credit Union Use - Visa Debit Card

____ ChexSystems ____ NSF ____ Overdraft protection loan

Approved ____ Denied ____ Action taken _____

Employee _____ Date _____

For Credit Union Use

Accepted # _____

Scanned # _____