



EGLIN FEDERAL CREDIT UNION

838 Eglin Parkway NE, Fort Walton Beach, FL 32547-2781
850.862.0111 • 800.367.6159 • eglincu.org

For Internal Use Only

Account: _____

Last Name: _____

DEBIT OR ATM CARD APPLICATION

I request an EFCU Debit Card or EFCU ATM Card as indicated below. For mailed Pre-PINned cards, the card must be activated before use. I assume liability for any unauthorized use of the card by requesting EFCU to mail a Pre-PINned card.

Required Information

Name: _____

Physical Address: _____ City: _____ State: ____ Zip: _____

Please select a reason for this request: _____

- ◀ **This is a new address.** ◀ **This is the address I currently have on file.**

Must complete for security feature (Debit Card only):

Primary Member:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Mother's Maiden Name: _____

Additional Cardholder:

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Mother's Maiden Name: _____

Select ONE of the options below:

- Please send me an EFCU **pre-PINned Debit Card** by mail. Please send me an EFCU **pre-PINned ATM Card** by mail.
 Please issue me an EFCU **instant-issue Debit Card**. Please issue me an EFCU **instant-issue ATM Card**.

Names of Cardholders: _____
Name of Cardholder 1 Name of Cardholder 2

Additional cardholders must be joint on at least one suffix and will be authorized to access **all share / loan suffixes**. There is a \$5.00 charge per card after the first two cards issued.

Please sign and return this form. Prior to using your card, please review the ATM / Debit Card Disclosure. By using the card, you agree to the terms and conditions contained in the disclosure. ***Member's signature must be witnessed by an EFCU employee who verified member's identification OR acknowledged by a Notary Public.**

X _____
Member Signature _____
Date X _____
EFCU Witness

Notary Acknowledgment: State of _____ County of _____

The foregoing instrument was acknowledged before me on _____, by _____

Personally Known or Produced Identification _____

X _____
Notary Public Signature

Internal Office Use Only

Request Received By _____

Verified SSN, DOB, Mother's Maiden Name & address.

Previous Card Hot-Coded Initial Order Reason (if replacing): _____ Charge \$ _____

Card Wizard Operator

By _____ # _____

Date _____

Contact Info Updated

Exceptions

Remarks _____

Approved By: _____

Date: _____