



# EGLIN FEDERAL CREDIT UNION

838 Eglin Parkway NE, Fort Walton Beach, FL 32547-2781  
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**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 cards, the card must be activated before use. Activation instructions will be included with the card.

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

Please select a reason for request:     Initial Order    OR     Lost     Stolen     Damaged    Card Last 4: \_\_\_\_\_

*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.*

**Cardholder name(s) cannot exceed 21 characters (including spaces) – Do not add prefix or suffix (E.g. Mr, Mrs, Dr, Jr, Sr, II, III)**

Cardholder Name: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Cardholder Name: \_\_\_\_\_

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

City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

### Select ONE of the options below:

Please send me an EFCU **Debit Card** by mail.

Please send me an EFCU **ATM Card** by mail.

Please issue me an EFCU **instant-issue Debit Card**.

Please issue me an EFCU **instant-issue ATM Card**.

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, acknowledged by a Notary Public, or signed electronically via DocuSign.**

X \_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
EFCU Witness

### CARD INFORMATION UPDATING SERVICE

Your Debit Cards are automatically enrolled in a card information updating service. If your card number or expiration date changes, the new information will automatically be shared with your participating merchants. Not all merchants participate in this service. It remains your responsibility to notify merchants in the event your Debit Card information changes.

Sign here to Opt-Out of this service \_\_\_\_\_

**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    Replacement reason:     Lost     Stolen     Damaged    Charge \$ \_\_\_\_\_

### Card Wizard Operator

By \_\_\_\_\_ # \_\_\_\_\_

Date \_\_\_\_\_

Contact Info Updated

### Exceptions

Remarks: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_