

## **Debit Card Application**

Please complete this application in its entirety. Member signature(s) are required for each member requesting a card. For security purposes, please do not email this form. Simply mail in or drop off to a GECU location for processing.

Member Number:	
Member Name:	Social Security Number:
Joint Name:	Social Security Number:
Mailing Address:	
City:	State: Zip:
Cell Phone:	Work Phone:
Home Phone: Emai	l:
Number of Cards: ☐ One ☐ Two (Maximum 1 card per person; 2 cards per account)	
applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the National Credit Union Administration, 7000 Central Parkway, Suite 1600, Atlanta, GA 30328. The Ohio, Kentucky, and Indiana Laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio, Kentucky, and Indiana Civil Rights Commissions administer compliance with this law.  TO SECURE THE PAYMENT OF YOUR ACCOUNT OR ANY LOANS, YOU GRANT US A SECURITY INTEREST IN DEPOSITS HELD BY YOU WITH US, WHETHER HELD BY YOU ALONE OR JOINTLY. IF YOU DEFAULT, WE STILL HAVE THE RIGHT TO APPLY ANY AND ALL AMOUNTS IN SAID SAVINGS ACCOUNTS AND DEPOSITS TO THE PAYMENT OF YOUR OBLIGATIONS TO US.	
Member Signature:	Date:
Member Signature:	Date:
FOR CREDIT UNION USE ONLY	
	CC Card Code:  No Cards  Jeanie (send close ltr)