



# MUTUAL SAVINGS CREDIT UNION

**Debit Card  
Application**  
**Fax: (470)-747-8883**

Member Information				
First Name:		Middle Initial:		Last Name:
Street Address:			Social Security Number:	
City:	State:	Zip:	Mother's Maiden Name:	
Home Phone:		Work Phone:		Alternate Phone:
Joint Member Information				
First Name:		Middle Initial:		Last Name:
Street Address:			Social Security Number:	
City:	State:	Zip:	Mother's Maiden Name:	
Home Phone:		Work Phone:		Alternate Phone:
Account Information				
Member Number:				
Re-Order Information				
<input type="checkbox"/> Pin Mailer Only <input type="checkbox"/> Replacement Card Only <input type="checkbox"/> New Card and Pin				<u>Last Five Digits of Card</u>
<p>The Information on this application is given so that the undersigned member(s) may obtain a Mutual Savings Credit Union Visa Check Card. I/We certify that the information is true and correct and authorize the credit union to verify it, obtain more information about my/our credit and deposit history, and furnish such information to others. I/We understand and agree that anyone in possession of my/our check card may access my/our account through use of the check card. I/We agree to use the Visa Check Card according to the rules provided by Mutual Savings Credit Union. I/We understand that Mutual Savings Credit Union will issue EFTA disclosures along with the Visa Check Card.</p>				
Account Owner Signature:			Date:	
Joint Owner Signature:			Date:	
Credit Union Use Only:			Processed Date:	
Approved/Denied:			MSCU Representative:	