



CUs Card Application (ATM / Debit Card)

I (We) have read and accept the Electronic Funds Transfer Disclosures as outlined in section III of our Membership Booklet. By signing below, I (We) authorize Caswell Credit Union to order me (us) a CUs Card(s).

I (We) authorize Caswell Credit Union to complete a credit investigation in connection with this application.

Account Number: _____ Phone #: _____
Please PRINT your name as you want it to appear on your card(s):

Name (1): _____
Date of Birth: _____ Social Security #: _____

Name (2): _____
Date of Birth: _____ Social Security #: _____

Address: _____

Signature Name 1

Date

Signature Name 2

Date

For Credit Union Use Only:
Credit Investigation Completed on: _____
Cards Ordered: _____



Membership Booklet Delivered on: _____
By: _____