



CHECKING CARD APPLICATION

Applicant – Primary ECU Account Holder

Name _____ Date of Birth _____

Member # _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Driver's License # _____ State _____ Exp. Date _____

Employer _____ Position _____

Employer's Address _____

Mother's Maiden Name _____

Co-Applicant – Joint ECU Account Holder

Name _____ Date of Birth _____

Member # _____ Social Security # _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Driver's License # _____ State _____ Exp. Date _____

Employer _____ Position _____

Employer's Address _____

I/We request an Educators Credit Union Checking Card be issued to each applicant below, which includes access in the MASTERCARD network currently in effect. I/We understand that in order to apply for a joint Checking Card, the checking account must also be a joint account. I/We certify that the above information is true, and agree to abide by the terms of the disclosure statement which is available upon request. I/We authorize Educators Credit Union to obtain credit reports. The credit union will provide the name and address of any credit bureau used to obtain credit reports upon request.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Make sure application is completed in full.

Mail to: Educators Credit Union, Account Services, PO Box 20728, Waco, TX 76702

Fax to: Account Services - 254-751-5887