

Debit Card Application



Please fill out and return by mail, fax, or in person to any DuGood location. **Please Print**

Date _____ Account Number _____

Name _____

Street Address _____

City _____ State _____ Zip _____

SS# _____ DL# _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

Joint Owner Information (If Applicable)

Name _____

Street Address _____

City _____ State _____ Zip _____

SS# _____ DL# _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining a Debit Card. If approved for the Debit Card, you acknowledge the receipt of and agree to the terms of the Electronic Funds Transfer Agreement and Disclosure.

X

Member Signature

Date

X

Joint Owner Signature

Date

For Credit Union Use Only

Circle One: Telecheck # New Card Reissue Same # Reorder New #

Card Number _____

Approved By _____ Date _____

Comments _____