

Debit Card Application

YES, I want my HCCU Debit Card

(Must have checking account in good standing)

I would like to apply for an “Anytime Credit Line” for overdraft protection.

(This is a line of credit and will require a complete loan application & credit approval.)

Primary Member

Account Number

Social Security Number

Address

City/State/Zip

Home Phone

Work Phone

Joint Owner (only if ordering a second card)

By signing below, I agree to be liable for all transactions of any kind performed by me or anyone to whom I entrust my card. I also agreed that use of my card constitutes consent to the effective rules and regulations. I certify that I have received, read, and understand my rights, responsibilities, and liabilities under Regulation E.

Primary Signature

Date

Joint Signature (if ordering a second card)

Date

For Office Use:

Approved

Denied

Reason: _____

____ **SSN**

____ **MailAdd**

____ **Acct#**

Telecheck Approval # _____

Completed Application should be mailed to 406A E Bannister Rd, Kansas City MO 64131.
For more information, please call 816-363-2223