

DEBIT CARD APPLICATION

MEMBER INFORMATION

PRIMARY INFORMATION

Account #:

Member Name:

Mailing Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone:

NOTE: You must list at least two (2) phone numbers listed above to process card.

JOINT INFORMATION

Joint Owner:

Street Address:

City: State: Zip:

Home Phone: Work Phone: Cell Phone:

NOTE: You must list at least two (2) phone numbers listed above to process card.

Please this document and sign below.

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 receipt of and agree to the terms of the Debit Card Agreement. [Click Here For Terms & Conditions](#)

X	
SIGNATURE OF MEMBER	DATE

X	
SIGNATURE OF JOINT OWNER (If Applicable)	DATE

Mail To:
621 W. St. Johns Ave.
Austin, TX 78752

Fax To:
1(512)459-3533

Scan & Email To:
txdpacu@txdpacu.org

FOR CREDIT UNION USE ONLY

Processed By _____ Date _____