

**FILL OUT THIS APPLICATION
TO RECEIVE YOUR CUCHECK CARD.**

ACCOUNT NUMBER

LAST NAME

FIRST NAME

MIDDLE

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

If you want a second card, the account to be used must be a joint account.

There is a \$5 extra charge for an extra, lost/stolen card.

Yes, I'd like a second card to be embossed with the person named below as a joint owner on the account.

LAST NAME

FIRST NAME

MIDDLE

RELATIONSHIP

If a cuCheck Card(s) is issued, I (we), the undersigned applicant(s), by signing or using the cuCheck Card(s) ("card") agree that I (we) will be bound by the terms of the cuCheck Card agreement and disclosure which will be furnished to me (us). I (we) agree to surrender the card(s) upon demand and authorize the credit union to obtain credit reports in connection with this application and for any update or renewal or the card(s).

SIGNATURE

DATE

SIGNATURE

DATE

FOR CREDIT UNION USE ONLY

APPROVED

REJECTED

DATE.....

CREDIT COMMITTEE.....DAILY LIMIT.....
ACCOUNT NUMBER.....