

Credit Union Use Only

Date ____/____/____ Teller _____
Card Number 441228____00_____ OFAC Review _____
Maintenance New Card _____
Delete Card _____
Maintenance Only _____ Order Date _____
Replace Card / PIN _____ Ordered By _____

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Applicant Information (Required)

Applicant 1 – First Name _____ Last Name _____ Middle Initial _____
Applicant 2 – First Name _____ Last Name _____ Middle Initial _____
Address _____ City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____

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Recipient Information (Required)

Primary Checking Account Number _____
Primary Savings Account Number _____
Secondary Checking Account Number (if applicable) _____

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Information about this card:

- Total Aggregate Daily Limit is \$1800.00
- Daily ATM Withdrawal Limit is \$300.00
- Daily Point of Sale Limit is \$1500.00

Applicant 1 Signature _____ Date _____
Applicant 2 Signature _____ Date _____