

Tallahassee ~ Leon

Federal Credit Union



Name: _____

Social Security Number: _____ Account # _____

Date of Birth: _____ Mother's Maiden Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Alternate Phone: _____

Signature _____ Date _____

The information provided above is given so that the undersigned member may obtain a TLFCU Debit Card. I certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my/our credit and deposit history, and furnish such information to others. I understand and agree that anyone in possession of my Debit Card may access my account through use of the Debit Card. I agree to use the Debit Card according to the rules provided by the Credit Union.

Office Use Only

Approved _____ Denied _____

Date Added _____ Employee Initials _____

Card # _____