



**Debit/ATM CARD APPLICATION**

**Applicant – Primary ECU Account Holder**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member # \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**Co-Applicant – Joint ECU Account Holder**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Member # \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Employer \_\_\_\_\_

I/We request an Educators Credit Union Debit/ATM card be issued to each applicant below, which includes access in the MASTERCARD network currently in effect. I/We understand that in order to apply for a joint Debit/ATM card, the checking account must also be a joint account. I/We certify that the above information is true, and agree to abide by the terms of the disclosure statement which is available upon request. I/We authorize Educators Credit Union to obtain credit reports. The credit union will provide the name and address of any credit bureau used to obtain credit reports upon request.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Make sure application is completed in full.  
Mail to: Educators Credit Union, Account Services, PO Box 20728, Waco, TX 76702  
Fax to: Account Services - 254-751-5887