



# Debit Card Application

Simply fill out this application and return it to your local HCU branch either by mail, fax or in person.



Flower Burst



Heritage



Americana



Leaf



Motorcycle

Issue one card to **Prime Member Only**     Issue one card to **Joint Member Only**     Issue cards to **BOTH Prime and Joint Members**

## PRIME MEMBER INFORMATION

Prime Member Name \_\_\_\_\_  
Last First M.I.  
Account No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Maiden Name (Security Purpose) \_\_\_\_\_

## JOINT MEMBER INFORMATION

Joint Member Name \_\_\_\_\_  
Last First M.I.  
Account No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Maiden Name (Security Purpose) \_\_\_\_\_

*By signing below I authorize HCU to obtain information regarding my credit history.*

Prime Member Signature \_\_\_\_\_ Date \_\_\_\_\_      Joint Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Approval Signature for Minor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

The information on the application is given to HCU as a request for an HCU Debit Card. I/We certify this information is true and complete, and authorize HCU to verify it, obtain information regarding our financial responsibility from any source and furnish the same to others. I/We understand and agree that I/we and anyone else in possession of the HCU Debit Card may access my/our account through use of the HCU Debit Card. I/we agree to use the Debit Card according to the rules I/we have received upon signing this authorization form.

OFFICE USE ONLY  
Approved by \_\_\_\_\_ Date \_\_\_\_\_

**Rockford**  
5959 E. State Street  
Rockford, IL 61108  
815-229-7000  
FAX:815-229-0136

**Galesburg**  
1980 National Blvd.  
Galesburg, IL 61401  
309-344-2001  
FAX:309-344-2203

**Chetek**  
1502 Hwy. Blvd. North  
Chetek, WI 54728  
715-924-2415  
FAX:715-924-2486

**Ladysmith**  
701 Miner Ave.  
Ladysmith, WI 54848  
715-532-7731  
FAX:715-532-9686

**Madison**  
2555 Shopko Drive  
Madison, WI 53714  
608-241-2191  
FAX:608-241-4595

**Sauk City**  
827 Phillips Blvd.  
Sauk City, WI 53583  
608-643-2600  
FAX:608-643-2667

**Prairie du Sac**  
1170 Prairie Street  
Prairie du Sac, WI 53578  
608-644-8100  
FAX:608-644-8101



HCU Debit\_APP 10/09



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## PRIME MEMBER INFORMATION

Prime Member Name \_\_\_\_\_  
Last First M.I.  
Account No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Maiden Name (Security Purpose) \_\_\_\_\_

## JOINT MEMBER INFORMATION

Joint Member Name \_\_\_\_\_  
Last First M.I.  
Account No. \_\_\_\_\_ Phone # \_\_\_\_\_  
Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Maiden Name (Security Purpose) \_\_\_\_\_

*By signing below I authorize HCU to obtain information regarding my credit history.*

Prime Member Signature \_\_\_\_\_ Date \_\_\_\_\_      Joint Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Approval Signature for Minor \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

The information on the application is given to HCU as a request for an HCU Debit Card. I/We certify this information is true and complete, and authorize HCU to verify it, obtain information regarding our financial responsibility from any source and furnish the same to others. I/We understand and agree that I/we and anyone else in possession of the HCU Debit Card may access my/our account through use of the HCU Debit Card. I/we agree to use the Debit Card according to the rules I/we have received upon signing this authorization form.

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