

NORWICH TELOPS FEDERAL CREDIT UNION'S DEBIT CARD APPLICATION

APPLICANT

Social Security Number

Driver's License Number

Gross Annual Income

Last Name

First Name

Middle Initial

Street Address

Apartment Number/Post Office Box Number

City

State

Zip Code

Home Telephone Number

Work Telephone Number

SECOND APPLICANT (If applicable)

Social Security Number

Driver's License Number

Gross Annual Income

Last Name

First Name

Middle Initial

MEMBER NUMBER

AUTHORIZATIONS: By signing below, I/we authorize the Norwich Telops Federal Credit Union to obtain or verify the information required to process this application, including the request of a credit report if necessary. Norwich Telops Federal Credit Union's Debit Cards are not credit cards and are available to qualified Norwich Telops Federal Credit Union members only. I/we agree to be bound by the terms and conditions covered in the application Disclosure Statement and Cardholder Agreement.

APPLICANT SIGNATURE

DATE

SECOND APPLICANT SIGNATURE

DATE

X

X

FOR OFFICIAL USE ONLY (Do not write below this line)

Issue: Debit Card Only

Approved by

Date

Ordered by

Date

Verified by

Date

NOTE: Debit card applicants must qualify for an overdraft provision line of credit. Please contact the Credit Union office at our toll-free number 1-877-336-4988 to obtain the necessary paperwork for the overdraft provision line of credit. Thank you.