



**SGV
POSTAL CREDIT UNION**

328 E. San Bernardino Rd.
Covina, CA 91723

626-915-3841
www.sgvpcu.org

DEBIT CARD APPLICATION

Account Number _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Date of Birth _____

Phone (____) _____ Days

Phone (____) _____ Evenings

YES...

I would like to apply for a SGV Postal CU MasterCard Debit Card... for easy access to my Credit Union accounts.

SGV Postal CU Share Draft Account is required for MasterCard Debit Card (or ATM Card).

I would like: One Debit Card
 Two Debit Cards
(Joint Account Only)

Name for Second Card _____

Social Security Number _____

Date of Birth _____

If address is different from above, please state:

Address _____

City _____ State _____ Zip _____

DEBIT Card and PIN (Personal Identification Number) will be mailed under a separate cover for the above account.

I hereby apply for a SGV Postal CU DEBIT Card. Issuance of the card will be at the discretion of SGV Postal CU, based on my past credit history. If I do not qualify for a SGV Postal CU DEBIT Card I will be issued a SGV Postal CU ATM Card. When Card is issued, I agree to abide by the Terms and conditions of the applicable SGV Postal CU Disclosure entitled: A) Electronic Services Disclosure and Agreement, and B) Fee Schedule which will be provided to me.

X _____
Member's Signature Date

CREDIT UNION USE ONLY
 _____ / _____ / _____