



ATM/VISA Debit Card Application

(please print)

SPOKANE CITY CREDIT UNION

SCCU Account Number

Name (Applicant)		
Address		
City	State	Zip Code
Home Phone	Work Phone	
Employer	Job Title	
Date of Birth	Social Security No.	

Name (Co-Applicant)		
Address		
City	State	Zip Code
Home Phone	Work Phone	
Employer	Job Title	
Date of Birth	Social Security No.	

For Credit Union Use Only:	
Shares open date:	_____
Draft open date:	_____
Number of NSF's:	_____
Does the member have loans?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the member have a SCCU VISA?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does the member list their employment?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is co-applicant an authorized signer on the draft account?	<input type="checkbox"/> yes <input type="checkbox"/> no
Verified social security number for applicant and co-applicant?	<input type="checkbox"/> yes <input type="checkbox"/> no
Date of approval letter	_____
Date of EQ1	_____
Date of card order	_____
Employee	_____
For Credit Union Use: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
CU Signature	_____
Date	_____

By signing this request for a SCCU ATM/VISA debit card you authorize SCCU to check your credit, employment history, and obtain a credit report. I/we agree the information contained herein is correct and I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosures, Fee Schedule, Funds Availability Policy Disclosure, and to any future amendment SCCU makes from time to time which are incorporated herein.

Signature Date

Signature Date