

Debit Card
Application



You'll love your new TelComm Credit Union Debit Card! Simply complete this form and return to any TelComm CU branch location for processing.

Date: ___ / ___ / ___	<input type="checkbox"/> New Card Number
Card Style: _____	<input type="checkbox"/> Card <i>ONLY</i> for Joint Owner
<input type="checkbox"/> Mail to Member	<input type="checkbox"/> Replacement Card (Same Number)
<input type="checkbox"/> Pick up at _____	

Name

Checking Account Number

Social Security Number (Last 4 digits)

Address

City/State/Zip

Email Address

Primary Phone

Work Phone

Joint Member's Name (if requesting two cards)

Social Security Number (Last 4 digits)

I would like to opt-in for Overdraft Privilege from TelComm (check box)

Leaving the box above unchecked opts you *OUT* of our Overdraft Privilege service. See other insert in this package for Policies and Conditions before checking the box.

Adult must mark and sign application, taking responsibility for debit card if member is under the age of 18.

By signing below I (we) agree to be liable for any and all transactions of any kind performed by myself or anyone to whom I entrust my TelComm Credit Union debit or ATM card. For the purpose of reviewing this application, I authorize TelComm Credit Union to obtain a copy of my credit report. I also agree that use of my debit card constitutes consent to TCU rules and regulations pertaining to said card, and certify that I have received, read, and understand my rights, responsibilities and liabilities under Regulation E.

TelComm CU has the right to restrict or cancel the debit card if the account is not kept in good standing.

Signature

Joint Signature

TCU Emp.



FEATURES:

- Withdraw from Savings or Checking - up to \$510 daily
- Check your available balances
- Unlimited **FREE** access at TelComm-owned ATMs
- Surcharges may be assessed at non-TelComm ATMs (see below)

TelComm Member ATM Fees:

- Two (2) free transactions (per transaction type) from any other ATM per month. After that fees are \$1 for each ATM withdrawal

APPLICATION FORM

Name

Account Number

Social Security Number (Last 4 digits)

Address

City/State/Zip

Email Address

Primary Phone

Work Phone

Joint Member's Name (if requesting two cards)

Social Security Number (Last 4 digits)

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Signature

Date

Mail to Member

Pick up at _____

Joint Signature

Date

TCU Emp.