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Debit Card Application

Separate application is required for additional accounts.

Credit Union account #:

Card Details

Branded Unbranded Account type: _____

Applicant

First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ Mother's maiden name: _____ SSN#: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email address: _____

Driver's license #: _____ State: _____ Passport ID (optional): _____

Overseas Personnel: If at ILC, we will attempt to mail your card to ILC before your departure date of: _____

If it is not possible for us to meet this date, please provide alternate address. If it is "in care of" address, please also provide a name.

Please mail my cards to the address above Please mail my cards to the address below

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Co-Applicant

First Name: _____ MI: _____ Last name: _____

Date of Birth: _____ Mother's maiden name: _____ SSN#: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email address: _____

Driver's license #: _____ State: _____ Passport ID (optional): _____

Authorization

Please Read Carefully: I/We certify that the information on this application is accurate. I/We authorize Entrust Financial Credit Union (EFCU) to investigate my/our employment, credit worthiness, credit history, and financial responsibility through employers or credit bureaus or by any other reasonable means, including direct contact. I/We authorize other financial institutions to give information regarding my/our account history to Entrust. I/We agree to abide by the terms and conditions of the Entrust Debit Card, which are provided with the card(s), available at our Richmond office, or available by calling the Credit Union. Both signatures required if joint card is requested.

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

FOR CREDIT UNION USE ONLY				
<input type="checkbox"/> Computer System Flagged	Checking: <input type="checkbox"/> Established <input type="checkbox"/> New <input type="checkbox"/> Previous EFCU ATM cardholder	Loans: <input type="checkbox"/> Current <input type="checkbox"/> Delinquent		
<input type="checkbox"/> If two (2) cards: Co-applicant is joint on both accounts	Approved by:	Ordered by:	Date:	# of Cards: