

SCORE Federal Credit Union

Po Box 108

Tallahassee, Fl 32302

850-488-1015 / 850-922-6318 (Fax)

Debit Card Application

____ First Card
____ Reorder due to card problems: Reason _____
____ New Card (original lost, stolen or needs name change):Reason _____

Account# _____

Primary Member Information (Required)

Name _____ Social Security# _____

Address _____

City,State _____ Zip Code _____

Date of Birth _____ Home Ph# _____ Work Ph# _____

Joint Member (Relationship to Primary Member- Spouse Other)

Name _____ Social Security# _____

Date of Birth _____ Home Ph# _____ Work Ph# _____

By signing below, I (we) agree to comply with and understand the conditions of the application. I (we) authorize the credit union to obtain a credit report when opening, renewing or reviewing the account and/or this card. I (we) also understand that a satisfactory checking account is required to qualify for a debit card.

(check if applicable)

_____ Please issue me an ATM card if I (we) do not qualify for a Debit Card at this time.

Primary Member Signature (required)

Date

Joint Member Signature

Date

Employee accepting application: _____