

# "Debit Card" Order Form

Please order a Los Angeles Federal Credit Union (LAFCU) DEBIT CARD as follows:

Account Number: \_\_\_\_\_

DEBIT CARD Number: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Co-Applicant's Name \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

The applicant and co-applicant authorize investigation of their creditworthiness and the renewal of any card(s) issued. Card(s) will be issued upon approval of this application. The disclosure statement explaining your rights and responsibilities as a DEBIT CARD cardholder will be provided, along with the paper disclosure or online link to the disclosure, with each new card(s) application. By signing this application, you acknowledge receipt of the disclosure and understand your responsibilities as stated in the disclosure agreement.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT UNION USE ONLY:**

Application Verified by: \_\_\_\_\_ Teller #: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Teller #: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR ELECTRONIC SERVICES USE ONLY:**

Processed by: \_\_\_\_\_

Date Card(s) Ordered: \_\_\_\_\_

Number of Card(s) Issued: \_\_\_\_\_

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_  
(Debit Card Number) (Debit Card Number)



P.O. Box 53032 • Los Angeles, CA 90053-0032  
(877) MY LAFCU (695-2328)  
Web: [www.LAFCU.org](http://www.LAFCU.org)  
e-Mail: [ContactCenter@LAFCU.org](mailto:ContactCenter@LAFCU.org)

