



(606) 263-4956 • ekyfcu.com

Debit Card Application

Name: _____

Address: _____

Telephone #: _____ Cell #: _____

DOB: _____ SSN: _____

Mother's Maiden Name: _____

City of Birth: _____

Email: _____

Cell # for fraud alerts: _____

****IF YOUR DEBIT CARD IS LOST OR STOLEN AND THE PIN IS USED, THE CREDIT UNION WILL NOT BE LIABLE OR RESPONSIBLE FOR THE TRANSACTION****

Signature: By signing below, the member requests the described services and agrees to the terms and conditions governing these services, including any applicable fees. The member agrees that all information is accurate. You will receive your debit card pin number in the mail within 7 to 10 business days with your new debit card following in about 3 days. For associated fees, please refer to the online fee schedule. If you abuse the privilege, such as improper use or repeated loss of your card, your rights to have an ATM card may be denied. The member acknowledges that he/she has received and read all disclosures pertaining to debit cards.

Signature: _____ Date: _____

EKYFCU use only		
_____ New Card	_____ Replacement Card	_____ Replacement Fee
Account Number: _____		
Card Number _____		
Ordered By _____	Date: _____	