

HealthNet Federal Credit Union

Debit Card Application

Member # _____

Primary Owner Information:

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Joint Owner Information:

Name _____

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Transfer Agreement.

Primary Owner Signature Date

Joint Owner Signature Date

For CU Use Only:

Date Received Date Processed