APCO EMPLOYEES CREDIT UNION CHECKING ACCOUNT AND VISA DEBIT CARD ACCOUNT APPLICATION

PRINT BELOW			
PRIMARY ACCOUNT OWNERLAS	T FIRST	T MIDDLE	
PHYSICAL ADDRESS	CITY, STATE, ZIP		COPY OF PICTURE ID HERE
MAILING ADDRESS	CITY, STATE, ZIP		-
SOCIAL SECURITY #		DATE OF BIRTH	_
CELL PHONE #	HOME PHONE #	WORK PHONE #	-
EMAIL ADDRESS	EMPLOYED	D BY	-
JOINT OWNER #1		SOCIAL SECURITY #	
ADDRESS		DATE OF BIRTH	
CITY, ST, ZIP		HOME PHONE #	
EMAIL ADDRESS		CELL PHONE #	
EMPLOYED BY		WORK PHONE #	
JOINT OWNER #2		SOCIAL SECURITY #	
DATE OF BIRTH		CELL PHONE #	COPY OF PICTURE ID HERE
JOINT OWNER #3		SOCIAL SECURITY #	
DATE OF BIRTH		CELL PHONE #	_
JOINT OWNER #4		SOCIAL SECURITY #	
DATE OF BIRTH		CELL PHONE #	
Debit Card: You request a Visa Debit Card and P	Personal Identification Number (PIN) be is	ssued to the Primary Account Owner. Additionally, a card and PIN is	requested for the following Joint Owner(s):
All Joint Account Owners or each o	of the following: Joint Owner #1	Joint Owner #2 Joint Owner #3 Joint Own	er #4
Everyday Overdrafts: You have read the "What	t You Need to Know About Overdrafts and	d Overdraft Fees" disclosure and [check one]:	
You authorize the Credit Union to pay o	verdrafts on your everyday debit card tra	ansactions You do not want everyday debit card over	lrafts paid
records. You authorize the Credit Union to chec that the Credit Union will retain this application	ck your credit and employment history in	ecking Account and Visa Debit Card Account Agreement and Disclost the course of granting you a checking account and Visa Debit Card,	ures, including subsequent amendments. You will keep a copy for your reviewing its use, card reissuance or cancellation. You understand
DO NOT PRINT PRIMARY ACCOUNT OWNER SIGNATU	JRE		_ DATE
		JOINT OWNER #3 SIGNATURE	
JOINT OWNER #2 SIGNATURE		JOINT OWNER #4 SIGNATURE	
FOR CREDIT UNION USE ONLYDATE	ACCT OPENED	OFAC PRIMARY OFAC JOINT #1 OFAC JO	DINT #2 BY EMPLOYEE