

**DEBIT CARD APPLICATION**

**MEMBER INFORMATION**

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**PRIMARY INFORMATION**

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Account #:

Member Name:

Mailing Address:

City:  State:  Zip:

Home Phone:  Work Phone:  Cell Phone:

NOTE: You must list at least two (2) phone numbers listed above to process card.

**JOINT INFORMATION**

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Joint Owner:

Street Address:

City:  State:  Zip:

Home Phone:  Work Phone:  Cell Phone:

NOTE: You must list at least two (2) phone numbers listed above to process card.

Please  this document and sign below.

By signing below, you certify that the information on this application is complete, true, and submitted for the purpose of obtaining a Debit Card. If approved for the Debit Card, you acknowledge receipt of and agree to the terms of the Debit Card Agreement. [Click Here For Terms & Conditions](#)

\_\_\_\_\_  
SIGNATURE OF MEMBER DATE

\_\_\_\_\_  
SIGNATURE OF JOINT OWNER (If Applicable) DATE

**Mail To:**  
621 W. St. Johns Ave.  
Austin, TX 78752

**Fax To:**  
1(512)459-3533

**Scan & Email To:**  
txdpacu@txdpacu.org

**FOR CREDIT UNION USE ONLY**

Processed By \_\_\_\_\_ Date \_\_\_\_\_