

# TEAM CASH DEBIT CARD APPLICATION



**Teamsters Council #37  
Federal Credit Union**

1866 NE 162nd Ave, Portland, OR 97230-5642  
503-251-2390 800-547-7657 Fax 503-251-2310

ACCOUNT #

## APPLICANT

**NAME** PLEASE PRINT LEGIBLY

  

**MAILING ADDRESS**

**STREET ADDRESS**

**CITY**  **STATE**  **ZIP**

**HOME PHONE**  **WORK PHONE**

**EMPLOYER**  **MONTHLY GROSS**

**MOTHER'S MAIDEN NAME OR PASSWORD**

**DATE OF BIRTH**

**SOCIAL SECURITY #**

## JOINT APPLICANT

**NAME** PLEASE PRINT LEGIBLY

  

**MAILING ADDRESS**

**STREET ADDRESS**

**CITY**  **STATE**  **ZIP**

**HOME PHONE**  **CELL PHONE**  **WORK PHONE**

**EMPLOYER**  **HIRE DATE**  **MONTHLY GROSS**

**MOTHER'S MAIDEN NAME OR PASSWORD**

**DATE OF BIRTH**

**SOCIAL SECURITY #**

## SIGNATURES

THIS APPLICATION MUST BE SIGNED BEFORE WE CAN PROCESS YOUR REQUEST

This application is submitted to obtain a Team Cash Debit Card. I (we) authorize the credit union to complete a customary review of my credit history. If the application is approved and a Team Cash Debit Card is issued, I (we) by signing, using, or permitting another to use the card agree that I (we) will be bound by the terms and conditions set forth in the electronic transfers statement and disclosure. The credit union may request additional credit information before issuing an initial card or upon renewal. The Federal Reserve Board requires all financial institutions to obtain an "Opt-In" to charge fees for overdrafts caused by ATM or one-time debit card transactions. There is no limit on the total fees we may charge you for overdrawing your account. (Refer to current rate & fee schedule.)

OPT IN: By signing below I authorize Teamsters Council #37 Federal Credit Union to charge fees for overdrafts caused by ATM or one-time debit card transactions.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>MEMBER SIGNATURE</b>	<b>DATE</b>	<b>JOINT SIGNATURE</b>	<b>DATE</b>

**WARNING!** Do NOT attach your application to email, which is not secure. Instead, use the submission form on the Teamsters Credit Union web site. Your application will be returned to you for signatures.

If you do not wish to submit your application through our web site, you may print your completed form, sign it, and submit it one of these ways:

- Take it to a TCU office
- Fax it to 503-251-2310
- Mail it to: Teamsters Council #37 Federal Credit Union, 1866 NE 162nd Ave, Portland, OR 97230-5642

DO NOT WRITE IN THIS SECTION — FOR CREDIT UNION USE ONLY

Returned Items: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Approved By: \_\_\_\_\_ Declined By: \_\_\_\_\_

Reason: \_\_\_\_\_

Card # \_\_\_\_\_ Card # \_\_\_\_\_

**7 2 A**

Plastic 1	<input type="checkbox"/>	Plastic 2	<input type="checkbox"/>
Core	<input type="checkbox"/>	Core	<input type="checkbox"/>
Message	<input type="checkbox"/>	Letter	<input type="checkbox"/>