



**Quaker Oats  
Credit Union**

3535 Center Point Rd. NE  
Cedar Rapids, IA 52402  
(319) 395-7060

**DEBIT CARD APPLICATION**

**MEMBER INFORMATION**

<b>Member/Owner Name</b>	<b>Member No.</b>
Street	
City/State/Zip	SSN/TIN
Home Phone	Driver's Lic. No.
Work Phone	Date of Birth
Email	Employer

**JOINT OWNER INFORMATION**

(if applicable)

<b>Joint Owner</b>	SSN/TIN
Street	Driver's Lic. No.
City/State/Zip	Date of Birth
Home Phone	Employer
Work Phone	E-mail

**SERVICES REQUESTED**

I/We request the following services (please mark):

<input type="checkbox"/> ATM Card	<input type="checkbox"/> Debit Card
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**REASON FOR ORDER**

<input type="checkbox"/> New Account / 1 <sup>st</sup> Request	<input type="checkbox"/> Lost / Stolen
<input type="checkbox"/> PIN Only	<input type="checkbox"/> Captured
<input type="checkbox"/> Damaged	<input type="checkbox"/> Other

**AUTHORIZATION**

By checking the Services Requested boxes above and 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 this request of electronic funds transfer services, You acknowledge receipt of and agree to the terms and conditions of the Credit Union's Electronic Funds Transfer Agreement.

X _____	X _____
Member's Signature	Joint Owner Signature
Date	Date

**FOR CREDIT UNION USE ONLY**

Approved By	Member Verification
Approved Date	PIN Requested