

Louisiana Federal

CREDIT UNION



Debit Card Application

Account Number: _____

Member Name: _____ SSN: _____

Mailing Address: _____

Telephone Number: _____

Joint Owner Name: _____ SSN: _____

YES, I would like to apply for a Louisiana FCU overdraft protection loan.

List other accounts to be used as an overdraft source for your Debit Card.

Savings Account _____

Other Savings Account _____

Other Checking Account _____

Overdraft Loan Account _____

I agree that only one signature is required to make withdrawals on any of the accounts shown above. I authorize Louisiana Federal Credit Union to verify the information and, if needed, to obtain further information from a consumer credit report. I agree to the terms and conditions governing the Check Card as shown in the Membership Account Agreement.

Member's Signature

Date

Joint Owner's Signature

Date

Credit Union Use Only

PLA Issued YES NO

Disclosure Issued YES NO

Card Approved YES NO

Approved By: _____

MSR

Date

Card Ordered: _____

MSR

Date