



## Public Service Credit Union

260.432.3433 [www.mypscu.com](http://www.mypscu.com) 888.432.3433

### Jefferson Office

4025 W. Jefferson Blvd.  
Ft. Wayne, IN 46804  
Fax 260.432.6866

### Old Trail Office

7017 Old Trail Rd.  
Ft. Wayne, IN 46809  
Fax 260.747.6777

### DEBIT CARD REQUEST FORM

Quantity Requested:

- Order a Debit Card Only for the Primary Member
- Order a Debit Card Only for the Joint Owner
- Order a Debit Card for Both the Primary Member and Joint Owner

### ACCOUNT INFORMATION

Account Number: \_\_\_\_\_

Primary Member Name : \_\_\_\_\_

Joint Owner Name : \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### AUTHORIZATION AGREEMENT

By signing below, I am requesting a Public Service Credit Union VISA Debit Card. I understand that I must already have a checking account with PSCU to request a debit card. The primary owner must sign below whether they are requesting a debit card for themselves or not. The Joint Owner must sign if they are requesting a debit card. Requests are subject to approval.

### SIGNATURE

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that debit cards usually take 7-10 business days to arrive in the mail.

Return this application along with a copy of a valid government ID. Please submit via mail, fax or at a PSCU branch. Call to request a copy to be signed electronically-260-432-3433.