



# Debit Card and PIN Request

Account # \_\_\_\_\_ Date \_\_\_\_\_

New Card with System Generated PIN  New Card Only  System Generated PIN Only

### Member Information

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

### Joint Owner Information

Full Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Joint Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By signing, I understand and agree to the provisions of the Membership and Account Agreement, Truth-In-Savings Rate and Fee Schedule, Funds Availability Disclosure and any amendment Roanoke Valley Community Credit Union may make from time to time which are incorporated herein. I acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested above. I also understand that if any of the above information is missing or incorrect, the processing of this application may be delayed or denied.

**Your signature(s) on this request will be compared to your signature(s) on file if not signed in front of an RVCCU representative.**

You may fax or mail the completed forms and any other required information to our office.

Fax: (540) 982-3937  
Mail: Roanoke Valley Community CU  
Attn: Member Services  
P.O. Box 13045  
Roanoke, VA 24030-3045

For Credit Union Use Only			
Check Card # _____	_____	Exp. Date _____ / _____	_____
Check Card # _____	_____	Exp. Date _____ / _____	_____
Received:	Date _____	By _____	_____
Cruise:	Date _____	By _____	_____
Elan:	Date _____	By _____	_____