

MasterCard Debit Card Application & Agreement

* Indicates a required field

ALERT: If your debit card is lost, stolen, or compromised, do not complete this form. Please contact us immediately at 1-866-664-9364 or 202-623-3363 to cancel your existing card and order a new one. The Debit Card can only be ordered when there are checking and savings accounts linked.

First Debit Card

Replacement Card (damaged or misspelled)

*FULL NAME _____
(First Name, Middle Initial, and Last Name) Full name cannot exceed 21 characters

*SOCIAL SECURITY # _____ *DATE OF BIRTH (MM/DD/YYYY) _____

*CHECKING ACCOUNT # _____ *SAVINGS ACCOUNT # _____

*ADDRESS _____ *APT, UNIT, SUITE _____

*CITY _____ *STATE OR PROVIDENCE _____ *ZIP _____

*COUNTRY _____ *PRIMARY TELEPHONE _____

*SECONDARY TELEPHONE _____ *E-MAIL _____

By signing I acknowledge that I have read the IDB-IIC Federal Credit Union [MasterCard Debit card Disclosure Statement](#) and agree to the terms and conditions contained therein. This Agreement can be found on the website and a printed copy can be provided upon request.

SIGNATURE (ENTER YOUR FULL NAME)

DATE (MM/DD/YYYY)

FULL NAME (PLEASE PRINT)

DATE (MM/DD/YYYY)

INTERNAL USE ONLY FOR MEMBER SERVICES

DEBIT CARD APPLICATION VERIFICATION _____

DEBIT CARD APPLICATION ACCEPTED BY _____

APPROVED BY _____