



770 Kapiolani Blvd. Suite 514  
Honolulu, HI 96813  
Ph: 808-543-7581

## DEBIT CARD APPLICATION

### Primary Member Information

Member Number: \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Joint Owner Information (if applicable)

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

- Debit Card
- Online/PC EFTs

By checking the 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 the requested electronic funds transfer service, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Joint Owner's Signature (if applicable)