



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

DEBIT CARD and ONLINE BANKING 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

REQUESTED ONLINE USER ID: _____
(temporary password will be sent to your email address on file)

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)