

# KEMBA Peoria Credit Union Debit Card Order Form

Reason for Replacement Card:

Lost/ Stolen (\$10 Replacement fee)    Damaged (\$10 Replacement Fee)    Never Received

Applicant's Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_

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

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

The Applicant and Co-applicant authorize investigation of their creditworthiness and the renewal of any card(s) issued. Card(s) will be issued upon approval of this application. The disclosure statement explaining your rights and responsibilities as a DEBIT CARD cardholder will be provided with each new card(s) application; you acknowledge receipt of the disclosure and understand your responsibilities as stated in the disclosure agreement.

X \_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date