

Western Division Federal Credit Union  
 6750 Main Street • Williamsville, NY 14221  
 Ph: (716) 632-9328 • Fax: (716) 632-1383  
[www.westerndivision.org](http://www.westerndivision.org)

## DEBIT CARD APPLICATION

Member #

Card Order \*

- New  
 Re-Order

Reason for Re-Order \*

- Lost/Stolen  
 Not working

MEMBER/OWNER			MEMBER/JOINT OWNER		
<b>Name:</b>			<b>Name:</b>		
<b>Street:</b>			<b>Street:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>SSN:</b>			<b>SSN:</b>		
<b>Home Ph:</b>	<b>Cell Ph:</b>		<b>Home Ph:</b>	<b>Cell Ph:</b>	
<b>Work Ph:</b>			<b>Work Ph:</b>		
<b>E-Mail:</b>			<b>E-Mail:</b>		
<input type="checkbox"/> Sign up for E-Statements					

I (we) authorize Western Division Federal Credit Union to provide me (us) with a Western Division Debit Card. My (our) first use of the Debit Card will mean I (we) agree to all the terms and conditions in the Electronic Funds Transfer Transactions (EFT) Disclosure. I (we) understand that my (our) Western Division accounts must meet certain criteria in order to receive the Debit Card.

\_\_\_\_\_  
 Member/Owner Signature

\_\_\_\_\_  
 Member/Joint Owner Signature

FOR OFFICE USE ONLY		
<b>Card #:</b>	<b>Card #:</b>	
<b>Reviewed By:</b>		<b>Date:</b>
<input type="checkbox"/> Enrolled in E-Statement	<b>Employee ID:</b>	<b>Date:</b>

\* Fees may apply; consult the Fee Schedule Disclosure.