

**Allied Plastics Federal Credit Union  
Debit Card Application**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Home Phone**

\_\_\_\_\_  
**Work Phone or Alternate Phone**

\_\_\_\_\_ **Yes, I would like a second card to be embossed with the person named below as a joint owner on the account.**

\_\_\_\_\_  
**Name**

**If a debit card(s) is issued, I (we), the undersigned applicant(s), by signing or using the debit card(s) agree that I (we) will be bound by the terms of the debit card agreement and disclosure which will be furnished to me (us). I (we) agree to surrender the card(s) upon demand and authorize the credit union to obtain credit reports in connection with this application and for any update or renewal of the card(s).**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Return completed form using one of the following methods:**

**Drop off at the credit union office: 12875 Scenic Hwy., Baton Rouge, LA 70807**

**Mail to the credit union: P. O. Box 53006, Baton Rouge, LA 70892**

**Fax: (225) 775-1151**