

**DAWSON**

• CO-OP •

CREDIT UNION

Dawson • Boyd • Renville

**CONSUMER**

**Debit/ATM Card Application**

Complete and fax to: Dawson 320-769-2431 or Renville 320-329-3282, or  
drop off at your DCCU branch office

General Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: Under age 18 requires Joint Adult Co-Applicant</i>	
I am interested in: <input type="checkbox"/> ATM Card Only <input type="checkbox"/> ATM and Check/Debit Card	
Primary Applicant:	
Member Number:	
<i>How your name should appear on card</i>	
First Name:	Middle Name/Initial:
Last Name:	Social Security Number (TIN):
<i>Note: List phone you will use for activation and notification purposes</i>	Date of Birth:
Phone Number:	Cell Number:
Email Address:	
Home/Mailing Address	
Address 1:	
Address 2:	
City:	State, Zip:
Co-Applicant:	
First Name:	Middle Name/Initial:
Last Name:	Social Security Number (TIN):
<i>Note: List phone you will use for notification purposes.</i>	Date of Birth:
Phone Number:	Cell Number:
Email Address	
Home/Mailing Address	
Address 1:	
Address 2:	
City:	State, Zip:
Signatures	
By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the credit union to verify credit history by any necessary means, including preparation of a credit report by a credit reporting agency.	
Primary Applicant Signature: _____ Date: _____	
Co-Applicant Signature: _____ Date: _____	

OFFICE USE: \_\_\_\_\_ Primary Card \_\_\_\_\_ Co-Applicant Card

Cash Limit \$ \_\_\_\_\_ Purchase Limit \$ \_\_\_\_\_

Date Received \_\_\_\_\_

Opt-In/Out Form? \_\_\_\_\_

ChexSys \_\_\_\_\_

What You Need to Know About Overdraft and Overdraft Fees? \_\_\_\_\_

Approved (Y/N) \_\_\_\_\_

Confirmation of Consent? \_\_\_\_\_

Processed By: \_\_\_\_\_