



Debit Card Acceptance Form

YES, I/We want to take advantage of the Debit Card. I/We agree to be bound by the terms and conditions of ATM/Debit Disclosure and Truth in Lending Disclosure statement for my account.

Name

Member Number

SIGNATURE X _____

In addition to the Debit Card issued to the first member named above, I/We request an additional card to be issued to the joint owner named below.

Joint Owner Name _____

SIGNATURE X _____

Date _____

Please print out this form, sign it and return via one of the following methods:

E-Mail: visadesk@americasccu.com

Fax: (626) 208-5409

Mail: America's Christian CU
Attn: Visa/ATM Dept.
PO Box 5100
Glendora, CA 91740