



FEDERAL CREDIT UNION

THE RELATIONSHIP OF A LIFETIME

ghsfcu.com

DEBIT CARD ORDER FORM

MEMBER#: _____ SUB ACCT.#: _____ DATE _____

MEMBER NAME: _____

RESIDENTIAL ADDRESS

MAILING ADDRESS (PO BOX or STREET)

PHONE #'s: HOME# _____ WORK# _____

CELL# _____

I HEREBY ACKNOWLEDGE RECEIPT OF THE GHS ELECTRONIC SERVICES AND INFORMATION DISCLOSURE AND I AGREE TO THE TERMS AND CONDITIONS OF THE DEBIT CARD INFORMATION AND AGREEMENT AND ANY SUBSEQUENT CHANGES IN TERMS AND CONDITIONS THAT MAY OCCUR.

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MEMBER SIGNATURE: _____

Address Verified - Required

Member ID Verified

Request by (Circle One): In Person Mail

Form of ID/ Number: _____

Processing Employee: _____

(file in sharedraft folder)

Fax (Attach Copy of Signature Card for Mail or Fax)

Date: _____

* Please attach a photo of your driver's license for proof of identity and address