



Connecting all your banking needs

Align VISA® Debit Card Application Form

Member #:

Name:

Address:

City:

State:

Zip Code:

Mother's Maiden Name:

Daytime Phone:

Evening Phone:

Email Address:

Would you like a card for the joint member? Yes No

Joint Member:

Name:

Address:

City:

State:

Zip Code:

Mother's Maiden Name:

Daytime Phone:

Evening Phone:

Email Address:

Primary Member Signature

Date

Joint Member Signature

Date

Mail completed form to:

Align Credit Union
P.O. Box 7008
Lowell, MA 01852

Fax to:
(978) 454-4621
Attn: Operations Department

FOR CREDIT UNION USE ONLY:

Signature verified by: _____

System information verified by _____
(Please enter all new phone numbers in XP)

Signature card scanned by _____
(if card has been scanned, please note card in XP)

