



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)

