



## Debit Card Application

Email to: [office@appletree.org](mailto:office@appletree.org)

Fax to: 414.546.7815

Mail to: 11333 W. Greenfield Avenue, West Allis, WI 53214

Member #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

*The undersigned gives this information to obtain a VISA debit card. I certify this information is true and complete and authorize you to verify it, obtain more information on my financial responsibility and furnish the same to others. I agree to use the VISA debit card according to Advia Credit Union's (formerly AppleTree CU) Truth-in-Savings disclosure provided to me.*

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Signature - if card is being requested for a minor

\_\_\_\_\_  
Date

### Office Use Only

SSN:

Date Card was Ordered:

Card#

Date of Birth:

Initials: