RiverLand
CREDIT UNION

The *"WriteCard"* Debit Card Application

By completing this form and signing below, I am instructing RiverLand Credit Union to issue The "*WriteCard*" Debit Card to me and my joint owner (if a joint owner is designated below).

PLEASE PRINT CLEARLY

Name	Social Security Number	RCU Checking Account Number

Signed: _____ **Date:** _____

Please update the following information so we may contact you if we detect irregular activity on your account(s):

Home Phone	Work Phone	Cell Phone	E-mail Address

COMPLETE THIS SECTION ONLY IF YOU WOULD LIKE THE *WRITECARD* DEBIT CARD ISSUED TO YOUR JOINT OWNER

Joint Owner Name	Joint Owner Social Security Number	Joint Owner Date of Birth

Home Phone	Work Phone	Cell Phone	E-mail Address

Signed: _____ **Date:** _____
Joint Owner

Deliver, mail, or fax this form to RiverLand Credit Union:

639 Loyola Avenue Suite 220 • New Orleans, LA 70113 • L-ENT-RCU

504-576-5800 • 800-586-4RCU• Fax 504-576-2651 • UDC 8-576-5800