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:

601 Loyola Avenue • New Orleans, LA 70113 • L-ENT-RCU • 504-576-5800 • 800-586-4RCU• Fax 504-576-5805 • UDC 8-576-5800

Revised 6-06