



P.O. Box 15038, 206
Siebert Road
Pittsburgh, PA 15237
(412) 369 - 3800

Experience the Difference!

Teen Advantage Debit Card Application

Account # _____

Date: _____

Is this: New Card _____

Replacement Card _____

Member Information

Primary Member (Minor)

Joint Owner (Guardian)

Name: _____

Name: _____

Social Security Number : _____

Social Security Number: _____

Street Address: _____

Street Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell phone: _____

Cell Phone: _____

E-mail address: _____

E-mail address: _____

Member(s) Signatures

By signing below, we agree that we have received and will be bound by the terms and conditions of the Membership and Account Agreement, Electronic Transfers, Funds Availability Agreements, and Truth-in-Savings Fee Schedule, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein.

As guardian of _____, I agree to take full responsibility of all debit card transactions on our Teen Advantage Debit Card.

Primary Signature

Date

Joint Signature (Guardian)

Date

For Credit Union Use Only

Teller # _____ Date: _____ Ordered Debit Card: Yes No, explain _____