

GEORGIA DEPARTMENT OF PUBLIC SAFETY CREDIT UNION DEBIT CARD APPLICATION

NOTE: All applicable sections should be filled out completely. If not, processing of your application may be delayed.

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Mo. Payment \$
Street Address		City		State	Zip Code	How Long (yrs)	
1. Previous address		City		State	Zip Code	How Long (yrs)	
2. Previous address		City		State	Zip Code	How Long (yrs)	
Employment		Self Employed <input type="checkbox"/> yes <input type="checkbox"/> no		Telephone number		How Long (yrs)	
Address				Position/Occupation		Monthly gross Income \$	
Previous Employer Name/Address						How Long (yrs)	
Source of Additional Income						Amount per month \$	

CO-APPLICANT OR SPOUSE (Complete this section only if co-applicant or spouse is applying for a joint account)

Last Name		First		Middle		Social Security Number	
Date of Birth	No. of Dependents	Home Phone		<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other	Mo. Payment \$
Street Address		City		State	Zip Code	How Long (yrs)	
1. Previous address		City		State	Zip Code	How Long (yrs)	
Employment		Self Employed <input type="checkbox"/> yes <input type="checkbox"/> no		Telephone number		How Long (yrs)	
Address				Position/Occupation		Monthly gross Income \$	
Source of Additional Income						Amount per month \$	

CREDIT INFORMATION (Attach additional sheets if necessary)

Bank Name and Address		Branch		<input type="checkbox"/> Open	<input type="checkbox"/> Closed
Checking Account Number/Name Listed				Savings Account Number/Name Listed	

Name and Address of Creditor	Name under which account is carried	Account number	Balance	Monthly Payment
1. Automobile			\$	\$
2. Home Mortgage			\$	\$
3. Bank Credit Card/ Bank Name/Address			\$	\$
4. Other (if applicable)			\$	\$

SIGNATURE(S)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

This statement is submitted to obtain credit and I/we certify that all information herein is **true and complete**. I/we agree that inquiries may be made to verify information and that credit references or verification may be given based on inquiries from **other** offer is subject to the credit policies of this institution. I/we agree to be bound by the terms and conditions of the bank card agreement, a copy of which is **mailed to the applicant if this application is granted, receipt of such agreement and acceptance of such terms to be conclusively proof of applicant's use. If this is a joint application, the undersigned shall be jointly and severally liable for any and all credit extended from**

APPLICANT SIGNATURE: _____ **CO-APPLICANT SIGNATURE:** _____ **DATE:** _____

FOR INTERNAL USE ONLY

DEBIT CARD NUMBER	DATE APPROVED	APPROVED BY
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