



7901 Sandy Spring Rd.  
Laurel, MD 20707-3589  
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towerfcu.org

## Debit Card Application *(Please print.)*

I am 16 or older and am requesting a Tower debit card for checking account no. \_\_\_\_\_.

### PRIMARY OWNER INFORMATION

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_  CHECK BOX IF UNDER AGE 18.

**You can choose your debit card PIN. When you receive your new card, the accompanying PIN mailer will provide instructions on how to select your own PIN by phone. You can also select or change your PIN at a Tower ATM or in a Tower branch. To change your PIN at a Tower ATM, you will need to know your existing PIN.**

I have read the Debit Card Agreement and will abide by its terms and conditions. I understand that to qualify, a joint owner must be joint on both the Prime Share (Savings) and checking accounts. If I don't qualify for a debit card, I will be issued a Tower ATM card.

\_\_\_\_\_  
Requesting Owner's Signature

\_\_\_\_\_  
Date

### JOINT OWNER INFORMATION *(Required if owner is under age 18.)*

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE NO. \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_  
Adult Joint Owner's Signature

\_\_\_\_\_  
Date

### Administrative Use Only

SIGNATURE VERIFIED \_\_\_\_\_ TELECHECK CODE \_\_\_\_\_ REFERENCE NO. \_\_\_\_\_