

STCU CheckCard application



Sign me up!

Getting your own STCU CheckCard is as easy as signing the form below and mailing it back to us.

Name _____

Mailing address _____

City _____ State _____ Zip _____

Home telephone _____ Work telephone _____

Member number _____ Date of birth _____

Joint owner's name (Must also be joint owner on checking account) _____

Joint owner's date of birth _____ Relationship to primary member _____

If you would like a second card, choose one of the following:

Please issue a second card in my name. I'll authorize a family member to use it, and I accept responsibility for charges and advances.

Please issue a second card with a different card number in the name of the joint owner who has completed and signed this application.

Applicant's signature

Joint owner's signature

I/We agree the information contained herein is correct and, if a CheckCard is provided, agree to the terms and conditions of the STCU Membership and Account Agreement, the STCU's Electronic Funds Transfer Agreement and the STCU Visa CheckCard/ATM Access Agreement.

For Credit Union use only. Approved by Op# _____ Date _____