



ST. JOHN'S CREDIT UNION LTD.

APPLICATION FOR DEBIT CARD

PLEASE PRINT IN BLOCK LETTERS ON THIS FORM

Account #: _____ Date: _____

HEAD OFFICE:

4 Basra Street
Po Box 1673
Belize City
Belize

Phone: 227-7659
Fax: 227-1050

BRANCHES:

#76 Constitution Dr
Belmopan City
Cayo

Phone: 822-3257
Fax: 822-2956

Cor Tubroose &
Mahogany Streets
Dangriga
Stann Creek

Phone: 522-2446
Fax: 522-2447

Ml. 1 Philip Goldson
Highway, Belize
City

Phone: 223-2378

Email:

online@sjcu.com.bz

Website:

www.sjcu.com.bz

ID NO: _____ Social Security Card Passport

Name: _____

Address: _____

Date of Birth: _____ Occupation: _____

Work: _____

Phone: Home: _____ Cell: _____

Email: _____

Choose your daily WITHDRAWAL LIMIT: \$500 daily \$1000 daily

By signing below, I hereby apply for St. John's Credit Union Ltd's Debit Card. I confirm and agree that the Credit Union shall not be held responsible in any way for any losses that may be suffered by me as a result of my disclosure of my PIN Number to a third party.

I warrant that all the information provided in this application is true, accurate and complete in all respects

Signature of Applicant

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FOR OFFICIAL USE ONLY:

Card Issue Date: _____ Card Expiry Date: _____

Card # _____

Card Pinned & Activated by: _____ Date: _____

CONFIRMATION OF RECEIPT OF CARD

Signature of Recipient: _____ Date: _____

safe saving ... smart borrowing!