



**HOUSTON BELT & TERMINAL FCU**  
**9810 FM 1960 BYP W STE 105**  
**HUMBLE, TX 77338**  
**EMAIL: info@hbtfcu.com**  
**PHONE: (281)548-3377**  
**FAX: (281)548-0583**

**SHARE DRAFT VISA DEBIT ACCOUNT**

Account Number:  
 Member Name:  
 Address:  
 City, State, Zip:  
 Employer:

Date of Birth:  
 Social Security:  
 Cell Phone Number:  
 Email:  
 Driver License Number:

Account Number:  
 Joint Member Name:  
 Address:  
 City, State, Zip:  
 Employer:

Date of Birth:  
 Social Security:  
 Cell Phone Number:  
 Email:  
 Driver License Number:

The Credit Union is hereby authorized to recognize any of the signatures below in the payment of funds or the transaction of business for this Share Draft Account. I am hereby applying for Houston Belt & Terminal Federal Credit Union's VISA Debit Card and acknowledge that I agree to the terms and conditions of the Membership and Account Agreement, Electronic Funds Transfer Agreement, Truth-in-Savings, Schedule of Fees and Charges, Funds Availability Policy Disclosure, and to any amendment the Credit Union makes from time to time which are incorporated herein. By signing this agreement I opt into the Credit Union's Overdraft Protection Service for all ATM withdrawals and debit card purchases. I understand that I may at any time opt out of this service by submitting a request in writing to HB&T FCU.

The undersigned agree(s) that all information is accurate and authorize HB&T FCU to verify credit history by any necessary means, including preparation of a credit report by a credit reporting agency.

**Member Signature**

**Date**

**Joint Member Signature**

**Date**

**For Credit Union Use ONLY:**

Date \_\_\_\_\_

Processed By \_\_\_\_\_

Card Number \_\_\_\_\_

Jt Card Number \_\_\_\_\_