

# DEBIT CARD APPLICATION



Check here if requesting a SECNY Debit Card



Check here if requesting a SECNY Health Savings Account Debit Card

**\* If you have a joint SECNY account, SECNY's Debit Card will only be issued if BOTH signatures are filled out below.**

**Member # (Required)**

\_\_\_\_\_

Primary Member Driver's License #

\_\_\_\_\_

Primary Member Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security #

\_\_\_\_\_

**Primary Member Signature (Required)**

\_\_\_\_\_

Joint Member Driver's License #

\_\_\_\_\_

Joint Member Full Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Social Security #

\_\_\_\_\_

**Joint Member Signature (Required)**

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Use your SECNY Debit card and **earn points wherever you shop!** Redeem points for the rewards you want most, the choices are endless! Visit [uChooseRewards.com](http://uChooseRewards.com) for the latest offers.



Receive **real time card transaction alerts** and have the ability to control how, when, and where your card is used, download our new CardValet® App from the Apple App store or Google Play store, and register your card.

\*CardValet and uChoose Rewards are registered trademarks of Fiserv, Inc.

For Office Use Only:

Employee Name:	Employee Number:
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