



Alaska Air Group

CREDIT UNION

Visa Debit Card Application

Checking Member Account No. _____

Form Instructions: Complete all applicable areas on the form and Print and mail, fax or email to us.
Mail: Alaska Air Group Credit Union, 19530 International Blvd S, Suite 108, Seatac, WA 98188.
Email: Use the secure email form on the contact page of our website - www.aagcu.org
Fax: 206.824.1421

Primary Member Information

Name (First, MI, Last)

Mothers Maiden Name

Signature

By signing below, you authorize Alaska Air Group Credit Union to verify your credit. You will receive your new EMV chip Visa Debit Card(s) within two weeks of your application being approved. Acceptance, retention, or use of the Visa Debit Card will constitute your concurrence with the terms of the agreement you will receive with your account disclosure.

Member Signature

Today's Date

Join Owner/Co-Applicant Information

Name (First, MI, Last)

Mothers Maiden Name

Signature

By signing below, you authorize Alaska Air Group Credit Union to verify your credit. You will receive my new EMV chip Visa Debit Card(s) within two weeks of your application being approved. Acceptance, retention, or use of the Visa Debit Card will constitute your concurrence with the terms of the agreement you will receive with my account disclosure.

Member Signature

Today's Date