

## XPRESS Check Card <sup>SM</sup> Application

Thank you for your interest in applying for an XPRESS Check Card <sup>SM</sup> at Paragon Federal Credit Union.

Please note this form is best viewed with Acrobat Reader 6 or later. Click [here](#) to upgrade now for free or visit [www.adobe.com](http://www.adobe.com).

### How to Use an Online PDF Application/Form

- Place your cursor and “click” on the line you want to complete (ie. - First Name: \_\_\_\_\_ )
- Type the required information
- Use the “tab” key to advance to the next field (use “shift” + “tab” to go backwards through the fields)
- Click the yellow “Submit Form” button after completing the form

**To expedite the application process, please follow the directions below:**

You have the option to submit your XPRESS Check Card <sup>SM</sup> Application in several ways.

1. Complete the application online and click the ‘**Submit**’ button at the bottom of the last page.
  - The application will be mailed back to you to obtain your **signature**.
  - Please return the **completed** and **signed** application to Paragon,
2. Or, complete the application online and ‘Print’ the application. Please sign the application.
  - Return the **completed** and **signed** application by:
    - ◇ faxing it to (201) 358-6446
    - ◇ mailing it to Paragon Federal Credit Union, P.O. Box 1203, Westwood NJ, 07675 9883, Attn: Membership,
    - ◇ or, bringing it in to any branch location.
3. Or, print the application.
  - **Complete** and **sign** the application
  - Return the **completed** and **signed** application by:
    - ◇ faxing it to (201) 358-6446
    - ◇ mailing it to Paragon Federal Credit Union, P.O. Box 1203, Westwood NJ, 07675-9883, Attn: Membership,
    - ◇ or, bringing it in to any branch location.

Your application will be **processed** once we receive your **completed** and **signed** application.

If you have any questions, please contact us at (800) 222-8877.

**Thank you!**

# Paragon XPRESS Check<sup>SM</sup> Card Application

Please complete the application, fold and seal, and drop in the mail.

Or, fax it to 201-358-6446. Upon approval, you will receive your check card in the mail.

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**Primary Member Name**

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Account Number

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Address

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City

State

Zip

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Years at this address

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Home Telephone #

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Date of Birth

Social Security

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Mother's Maiden Name

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Member's Employer

Work Telephone #

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**Joint Member Name**

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Another card to be issued in this name (first, middle, last name)

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Address (if different from primary member)

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Date of Birth

Social Security

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Joint Member's Employer

Work Telephone #

**TERMS AND CONDITIONS:** By signing below, you authorize Paragon FCU to check your credit and employment history and report your credit performance to others who may properly receive this information. You understand that we may contact you for further information. You acknowledge, by signing below, that Paragon provided you with a Terms and Conditions Booklet upon completion of this application.

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Signature of Primary Member

Date

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Signature of Joint Member

Date