



DEBIT CARD **ATM CARD**

New Account
 Duplicate Card
 Lost Card
 Stolen Card

Teller Initials:

Member Information

Name: _____

Account #: _____

Birthdate: _____

SSN: _____

Address: _____

Email: _____

Phone: _____

Joint Member Information

Name: _____

Account #: _____

Birthdate: _____

SSN: _____

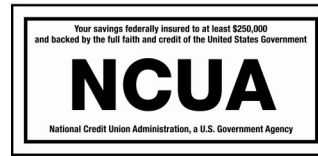
Address: _____

Email: _____

Phone: _____

ATM CARD

I apply for a ATM card for my account as shown. (for joint accounts a ATM card is requested for each person whose name is on the account.)



I have received and read a copy of the DISCLOSURE OF TERMS AND CONDITIONS FOR ELECTRONIC FUNDS TRANSFER TRANSACTIONS (DISCLOSURE).

Upon signing this application, I agree to all the terms and conditions contained therein. I also understand that there will be transaction fees charged under certain conditions.

VISA DEBIT CARD

I/We are hereby applying for the VISA Debit Card and acknowledge that i/We agree to the terms and conditions of the VISA Debit Card Agreement and the Electronic Services and Information Disclosure and any subsequent changes in terms and conditions that may occur.

I/We authorize the Credit Union to run a credit report. I/We understand we will receive complete disclosures from the Credit Union upon approval of my/our application.

Member Signature:

Date: _____

Joint Member Signature:

Date: _____