

ATM / Visa Debit Card Application



MEMBER ACCOUNT NUMBER	LAST NAME	CARD TYPE	PURPOSE
		<input type="checkbox"/> ATM <input type="checkbox"/> Visa Debit Card	<input type="checkbox"/> New Card <input type="checkbox"/> Card Maintenance

MEMBER INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS Line 1:		
ADDRESS Line 2:		
CITY:	ST:	ZIP CODE:
BIRTH DATE:	PHONE:	ALTERNATE PHONE:
NAME LINE TO APPEAR ON CARD: 26 Letter max for ATM cards; 19 Letter max for Visa Debit Card INCLUDING spaces First Name – no more than 10 letters; Last Name – no more than 15 letters; Middle Initial only		
BUSINESS NAME TO APPEAR ON CARD: Available for Business Accounts only; Printed above cardholder name		

CARDHOLDER SIGNATURE	DATE	PARENT / GUARDIAN* BUSINESS OWNER** SIGNATURE	DATE
X	/ /	X	/ /

***** CREDIT UNION USE ONLY *****

RECEIVING TELLER ID:	BRANCH	DATE RECEIVED
CARD NUMBER		ATM LIMIT
ACCOUNTS ACCESSED	<input type="checkbox"/> S1/SAV <input type="checkbox"/> S4/CHK <input type="checkbox"/> L6/L7 ** ** ** <input type="checkbox"/> FUND S4 ** ** **	
COMMENTS		
PIN ASSIGNMENT	<input type="checkbox"/> Member Input <input type="checkbox"/> From Existing Card # _____ <input type="checkbox"/> From Tellerphone/PC Access <input type="checkbox"/> Auto-Assigned	
POSTING TELLER ID:	BRANCH	DATE POSTED

If Closing Card:	<input type="checkbox"/> Close Card Immediately <input type="checkbox"/> Close card in 3 weeks
CARD NUMBER	
DATE OF CLOSING	REASON FOR CLOSE: <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> MISUSE <input type="checkbox"/> OTHER

* If a card is to be issued in the name of a minor, a parent or legal guardian must sign the application as well.
 **If a card is to be issued in the name of an Authorized Signer of a business, an owner of the business must sign the application as well.

Fax the signed and completed form to 610.791.1727