

ATM CARD APPLICATION

ATM CARD NUMBER

Credit Union Use Only	Print name as it should appear on each card
PIN# _____ OFFSET # _____ DATE _____ EMPLOYEE INITIALS _____	_____ Applicant _____ Applicant Social Security Number _____ Applicant Address _____ City State Zip

Enter the account you wish to have access to with your card _____

The applicant signing below requests, subject to approval of the issuing financial institution, that the financial institution issue an ATM card to the applicant. By using the ATM card, the applicant agrees to abide by the terms of the Cardholder agreement, accompanying the Card.

Applicant's Signature

Date

This information is given to obtain the ATM card and is true and complete. I authorize you to verify the information contained on this application and to obtain further information from a consumer credit report to assist in the review process. When I, or someone I authorize, uses the card, I agree to the terms and conditions of the agreement that governs the use of the ATM card. I will receive a copy of the agreement when I receive my card. I understand the financial institution may assess service charges for the privilege of having an ATM card. I understand if my account becomes overdrawn due to an ATM card transaction, an overdraft fee may be charged.

I understand that the daily limit is \$505.00 total for ATM transactions. Furthermore, I realize that a fee may be assessed to my account from another financial institution if I use their ATM.

Applicant's Signature

Date