ATM/VISA DEBIT CARD APPLICATION

Member Name:		Member Acct #:							
I hereby apply for and request issuance of <u>either</u> an ATM card, to be used for ATM purposes only, or a VISA debit card, to be used for ATM purposes and/or debit card use, together with a Personal Identification Number (PIN) to be used to access my funds in the Credit Union. I understand that only one (1) ATM card per member/joint owner per share account <u>or</u> VISA debit card per member/joint owner per share draft account is allowed. By signing this application, I agree that the use of the card(s) will be governed by the terms, conditions, and disclosures contained in the Electronic Fund Transfers Agreement and Disclosure and I hereby acknowledge receipt of the aforementioned Agreement. I also confirm that I have read the Agreement and fully understand all of its terms, conditions, and disclosures.									
Manahan Cian atuu			Date:						
Member Signature: Joint Signature:				Date:					
FOR CREDIT UNION USE ONLY									
☐ ATM CARI		CARD NUMBER:							
☐ VISA DEBI	RD	DDA ATM MICR # (LC OFFICE ONLY) SAV AT				V ATM M	ICR # (LC OFFICE ONLY)		
MEMBER INFORMATION									
F	NAME	MI LAST NAME SUF			FIX (IF APPLICABLE)				
ADDRESS									
CITY				STATE				ZIP CODE	
(AREA CODE) PRIMARY PHONE NUMBER				(AREA CODE) SECONDARY PHONE NUMBER					
(AREA GODE) GEOGRAPH I HOME HOMBER									
BIRTH	E	LAS	T FOUR O	F SSN N		MOTHER'S MAIDEN NAME			
/		999-	999-99						
JOINT OWNER INFORMATION									
FIRST NAME MI LAST NAME SUFFIX (IF APPLICABLE)									
ADDRESS									
CITY				STATE			ZIP CODE		
(AREA CODE) PRIMARY PHONE NUMBER				(AREA CODE) SECONDARY PHONE NUMBER					
(ALLA GODE) GEOGRAPH I HOMBER								HONE NOMBER	
BIRTHDATE			LAS	AST FOUR OF SSN M			MOTHER'S MAIDEN NAME		
			999-99						
APPROVED		CHEXSYSTEM		PROCES		SED BY		LC OFFICE ONLY	
		LONG-TERM-IN		_				ENTERED IN TRANSFUND	
DENIED		EXCESSIVE NS		7	DA	TE		FRAUD WATCH ENTERED	
		OTHER (EXPLAIN)						ENTERED IN CRUISENET	