Card Application

Applicant _____ Home Phone No. (___) _____
FIRST MIDDLE INTIAL LAST

Joint Applicant _____ Social Security Number _____
FIRST MIDDLE INTIAL LAST

Street Address _____ Driver's License No. _____

City _____ State _____ Zip _____

Place of Employment _____ Business Phone No. (___) _____

Street Address _____ City _____ St _____ Zip _____

Name of Reference _____ Relationship to Applicant _____

I WOULD LIKE TO ACCESS THE ACCOUNT(S) I HAVE INDICATED BELOW WITH MY/OUR CARD(S).

PLEASE CHECK: ☐ **SHAREDRAFT/CHECKING ACCOUNT NO.** _____

☐ **SHARE/SAVINGS ACCOUNT NO.** _____

Your signature(s) on this form will constitute an agreement that all uses of the card will be governed by your institution's Electronic Funds Transfer Service Agreement for Personal Accounts which you acknowledge receiving. I (we) authorize the Credit Union to verify and obtain credit information that may deem necessary concerning my (our) credit standing.

_____ _____

Applicant's Signature Date Joint Applicant's Signature Date

FOR FINANCIAL INSTITUTION USE ONLY

Additional Instructions:

Date _____

Verified by _____

ATM Card No. _____

Regular limit ☐

Check this box for VIP limit ☐

THE ELECTRIC FUNDS TRANSFER SERVICE AGREEMENT FOR PERSONAL ACCOUNTS WAS

(CHECK ONE):

☐ **GIVEN TO OUR MEMBER/CUSTOMER**

☐ **MAILED TO OUR MEMBER/CUSTOMER**

Authorized by _____

J-56636 REV 1/96