



ATM & Check Card Application

What would you like? ATM & Check Card ATM Card Only

Member Number: _____

Primary Member Name: _____

Joint Name (if applicable): _____

Address: _____

City, State, ZIP: _____

Telephone Number: _____

By signing, using or permitting another to use my/our ATM & Check Card, I/we agree to be bound to the terms and conditions of the Electronic Funds Transfer and Cardholder Agreement and all amendments.

** Please be advised that if your address was changed within the past 30 days, additional verification of this request must be performed.

Member Signature: _____ Date: _____

Joint Applicant: _____ Date: _____

Cards to be ordered will be for: Member Joint Applicant

Your card(s) will be ordered with a random PIN (personal identification number). A few days after you receive your card, a PIN mailer will be sent to you with instructions on how to select a new PIN.

For Office Use Only
Staff member processing form _____
Add Chg within past 30 D <input type="checkbox"/> Yes <input type="checkbox"/> No Verified _____