



Debit ATM Card Application

Member Account Number: _____

Please indicate which applicant(s) are to receive cards: Applicant Co-Applicant

ATM (Savings Account Only) ATM | Check Card

Primary Applicant Name: _____

* If the primary applicant is a minor and is applying for a debit card, the joint adult guardian will be required as a co-applicant.

Co-Applicant Name: _____

SIGNATURES

By signing below, you agree to all terms and conditions of our Debit | ATM card listed in our Membership Agreement and Disclosure that you received at account opening. You may request a copy of this agreement and disclosure, or an electronic version can be found on our website.

Primary Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Employee initials submitting this form to card services: _____

Comments to card services department: