



## 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

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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: