

# ATM / DEBIT CARD APPLICATION

Employee ID # \_\_\_\_\_ Date \_\_\_\_\_

Member  
Owner Name \_\_\_\_\_Account # \_\_\_\_\_ Birth  
Date \_\_\_\_\_

Social Security/TIN # \_\_\_\_\_

Drivers License # \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

EMail \_\_\_\_\_

Work Phone \_\_\_\_\_ Dept. \_\_\_\_\_

Date Hired \_\_\_\_\_

Previous Employer  
*(If current employer is less than 2 years)* \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

I/We agree that the changes on this application amend the previous signed Account Card and are subject to the terms and conditions of the membership and account agreement, truth-in-savings, rate and fee schedule, funds availability policy disclosure, if applicable, and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or the EFT service is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I further acknowledge a consumer credit report may be requested.

**Applicant  
Signature** \_\_\_\_\_ **Date** \_\_\_\_\_**OFFICE USE**

Loan Officer \_\_\_\_\_ Date \_\_\_\_\_

 **Approved**     **Declined**    PFCU Rep Initials \_\_\_\_\_Direct Deposit/Checking Member     **Yes**     **No**New  
Debit Card # 5146-17 - \_\_\_\_\_