ATM/Debit Card Application

PROMEDICA® FEDERAL CREDIT UNION
Your financial health. Our mission.

Last Name	First Name	Social Security #	Home Ph. #	Work Ph. #	Cell Ph. #

Address	Apt. #	City	State	Zip	Email

Occupation	Date Hired	Department	Driver's License #

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, and 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/We further acknowledge a consumer credit report may be requested.

Applicant Signature _____ **Date** _____

Credit Union Use Only		
	❑ APPROVED	DATE
	❑ DECLINED	PREMIER MEMBER ❑ YES ❑ NO
	9 Digit Account #	LOAN OFFICER / PFCU REP INITIALS

Please complete the form, print it, sign it, and fax it to: 419.471.1837