

I/We are making an application for: ATM Debit MasterCard (Draft Account Required) Overdraft Protection

INFORMATION ABOUT YOURSELF		
Member name (please print)	Account #	
Address		
City	State	Zip Code
Home Phone ()	Years at Current Address	
Previous Address	Years at Previous Address	
City	State	Zip Code
Social Security Number	Date of Birth	
Driver's License Number and State		

JOINT APPLICANT'S INFORMATION		
Member name (please print)	Account #	
Address		
City	State	Zip Code
Home Phone ()	Years at Current Address	
Previous Address	Years at Previous Address	
City	State	Zip Code
Social Security Number	Date of Birth	
Driver's License Number and State		

EMPLOYMENT INFORMATION		
Business Name or Employer	Position	
Business Address	Street	
City	State	Zip Code
Business Phone ()	Ext. #	Years at Job
Pager or Cell Phone #		
Previous Employer (if less than 2 years)	Position	Years at Job

JOINT APPLICANT'S EMPLOYMENT INFORMATION		
Business Name or Employer	Position	
Business Address	Street	
City	State	Zip Code
Business Phone ()	Ext. #	Years at Job
Pager or Cell Phone #		
Previous Employer (if less than 2 years)	Position	Years at Job

FINANCIAL INFORMATION	
Yearly Income \$	<input type="checkbox"/> Monthly Rent or <input type="checkbox"/> Mortgage \$
You need not include spouse's income, alimony, child support or maintenance payments paid to you if you are not relying on them to establish credit worthiness.	
Additional income \$	Source(s) of additional income

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Yearly Income \$	<input type="checkbox"/> Monthly Rent or <input type="checkbox"/> Mortgage \$
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Your signature(s) on this form will constitute an agreement that use of the card will be governed by our Electronic Funds Transfer Disclosure which you acknowledge receiving.

X
SIGNATURE _____ DATE _____

X
CO-APPLICANT'S SIGNATURE _____ DATE _____

This Box To Be Completed By The Credit Union
Daily Limit ATM/POS \$ _____ Debit \$ _____ LOC \$ _____
Credit Committee Approval/Comments _____ _____ _____
EFT SERVICE AGREEMENT (CHECK ONE) <input type="checkbox"/> Given to cardholder <input type="checkbox"/> Mailed to cardholder
Received by _____ Verified by _____
Input by _____ Date _____



Refold with mail panel facing out, seal with tape and mail.