



ATM or ATM & CHECK CARD APPLICATION

This application must be completed and signed by the primary member on the account. Any joint member receiving an ATM or ATM & Check Card must be joint on all applicable account suffixes. All persons applying authorize EECU to obtain a copy of their current Credit Report, as well as a Chex Systems Report if applicable. Applications may be brought into one of the EECU branch locations, faxed to: 517.787.4067, or mailed to: EECU, P.O. Box 4100, Jackson, MI 49204-4100.

Please choose one: ATM Card ATM & Check Card

New _____ Joint _____ Replacement _____ Reapplying _____ Change _____

Primary Member:	Member Number:
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	E-Mail:
Joint Member:	
Street Address:	SSN/TIN:
City/State/Zip:	Driver's Lic./ID #: _____ DL State: _____
Home Phone:	Date of Birth:
Work Phone:	E-Mail:

Authorization:

I/We agree to keep my/our PIN(s) (personal identification numbers) confidential. I/We will not write my/our PIN(s) on my/our card(s) or any other item, which may be kept with or near my/our ATM or ATM & Check Card(s). I/We understand that I/we may be responsible for any loss of funds if I/we do not follow the above agreement. By signing below, I/we agree to the terms and conditions of and acknowledge receipt of the Electronic Funds Transfers and Funds Availability disclosures. The first card for each applicant is available at no charge. Any additional cards are \$10.00 each. All cards will have the ability to access Savings, Checking and Line-of-Credit as applicable and will automatically have a withdrawal limit of \$500.00 per day.

Primary Member Signature

Date

Joint Member Signature

Date

For Credit Union Use Only:

Reason: Normal Wear & Tear _____ Was old card destroyed?: Yes _____ No _____

Charge Suffix: _____ Approved: Yes _____ No _____ Reason _____

Check Card Number: _____ EECU Staff: _____ Date: _____

Disclosures: _____ Membership Officer: _____