

Automated Teller Machine (ATM) Card Application Form

Please prepare an Automated Teller Machine (ATM) card for use with my account at Michigan Educational Credit Union. You have my permission to check my credit history. I realize I must be at least 18 years of age and a member in good standing. I am requesting access to my overdraft line-of-credit (*applies only to those members with a Draft/Checking account*). I am also requesting direct access to my Revolving Credit Personal Loan limit, now or in the future.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

Name _____ Credit Union Member Number _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone/Cell Phone _____

E-Mail Address _____

Social Security Number _____ Date of Birth _____

Employer's Name & Address _____

Gross Monthly Income _____ Date Hired _____

To obtain additional cards for joint owners on your account, complete this section:

Name _____

Street Address (if different) _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone/Cell Phone _____

Social Security Number _____ Date of Birth _____

Employer's Name & Address _____ Date Hired _____

I/We agree to...

- All terms and conditions which were in effect on the original agreements of the accounts to which I/we will have access through this ATM Card;
- Any amendments to these agreements which may be made from time to time;
- All terms and conditions which will accompany the ATM Card.

Use of your ATM card will constitute proof of your acceptance of these terms and conditions.

X _____
Your Signature _____ Date _____

X _____
Joint Applicant Signature _____ Date _____

Withdrawals limited to \$500.00 per day. Duplicate cards \$2 each.

Duplicate PINs \$2 each. All ATM applications subject to Credit Union approval.