

# VISA Debit Card Application



## Applicant

Name \_\_\_\_\_ Member # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother's Maiden Name (for security purposes only) \_\_\_\_\_

## Co-Applicant (if applicable)

Name \_\_\_\_\_ Member # \_\_\_\_\_ E-mail \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother's Maiden Name (for security purposes only) \_\_\_\_\_

## Check All that Apply

- I already have a checking account.  
 I need to open a checking account.  
\_\_\_\_ Enclosed please find my initial deposit of \$ \_\_\_\_\_  
**OR** \_\_\_\_ Transfer \$ \_\_\_\_\_ from share account # \_\_\_\_\_

## Choose Your PIN

I would like my 4-digit PIN to be:  
\_\_\_\_ \_

## ATM Options

- Option A - Limited Transactions**  
*4 withdrawals/2 inquiries at foreign ATMs.\**
- Option B - Unlimited Transactions**  
*(See fee schedule for current monthly fee)*  
*ACMG ATM fees waived at foreign machines.\**
- Starter Option (Age 17-25)**  
*12 withdrawals/4 inquiries at foreign ATMs.\**

\* See fee schedule for applicable charges.

**All options include unlimited fee and surcharge-free Sharenet ATM transactions, plus surcharge-free Allpoint ATM transactions.**

By signing below, you hereby make an application for a Debit Card. You agree to conform to the Credit Union Bylaws and any amendments made hereafter. You agree to the terms and conditions as disclosed in ACMG's Electronic Services Disclosure provided to you prior to your first use of the debit card. You understand that any notice the Credit Union may provide to the primary applicant shall constitute notice to all applicants and that all applicants will have access to account balances via person/phone/mail. I/We understand that ACMG may investigate my eligibility for a debit card by utilizing Bridger Homeland Security and Chex Systems.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## CREDIT UNION USE ONLY

Application Received by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Services Checked: Share \_\_\_\_\_ Share Draft \_\_\_\_\_ Bridger \_\_\_\_\_ Chex Systems \_\_\_\_\_  
 OK for Debit Card Order  Debit Denied, Adverse Action Sent by: \_\_\_\_\_  
Debit Card Ordered by: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Card # 416776 \_\_\_\_\_  
CWS Done: \_\_\_\_\_ Txn 103 Done: \_\_\_\_\_ Pin Offset: \_\_\_\_\_  
Debit Audit Done by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**No debit under age 17. Age 17 requires an adult on account. Age 18 and up, no parent necessary.**

**Information outlined in this application is accurate as of 6/08. Some information may have changed. For any updates, please contact ACMG at 315.488.4433 or 1.800.634.9239.**