

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 6/07. Some information may have changed. For any updates, please contact ACMG at 315.488.4433 or 1.800.634.9239.