

Primary Member (or Entity) Information:

Name: _____ Member #: _____
Address: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____ Mother's Maiden Name: _____

Joint (or Authorized Signer):

Name: _____ Member #: _____
Address: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____ Mother's Maiden Name: _____

Joint (or Authorized Signer):

Name: _____ Member #: _____
Address: _____
Home Phone: _____ Cell: _____ Work: _____
Email: _____ Mother's Maiden Name: _____

Order Card For: ☐ **Primary** ☐ **First Joint** ☐ **Second Joint**

Account Type: ☐ Youth ☐ Adult ☐ New Leaf ☐ HSA ☐ Savings Only
☐ Savings Only # _____ OR ☐ Checking # _____ & Savings # _____
ATM Options: ☐ Limited ☐ Unlimited ☐ Regal
Account Updater (ONLY check if Opting Out) ☐ Opt-Out
☐ ACMG Employee/BOD

Mailing Information:

☐ Primary address on file
☐ Alternate address on file
☐ ACMG Solvay Branch
☐ ACMG Valley Branch (rush cards only)
☐ One-time Alt. Address: _____
☐ Rush Card - Fee Charged to Mbr # _____ & Share# _____

By signing below, you agree to the terms and conditions in ACMG's Disclosures provided to you. I/We understand that ACMG may investigate my/our eligibility for a debit card by utilizing ChexSystems.

Applicant Signature: _____ Date: _____
Co-Applicant Signature: _____ Date: _____
Co-Applicant Signature: _____ Date: _____

Credit Union Use Only

Received from Member By: _____ Date: _____ Received for Processing By: _____ Date: _____

Qualifile _____ ☐ OK to Order ☐ Adverse Action Sent _____

Primary Card ordered 4 1 6 7 7 6 _ _ _ _ _

Joint Card ordered 4 1 6 7 7 6 _ _ _ _ _

Joint Card ordered 4 1 6 7 7 6 _ _ _ _ _

☐ Fee Charged ☐ Fee Waived - Manager _____

Ordered By: _____ Date: _____ Audited By: _____ Date: _____