

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 _____
Street _____ City _____ State _____ Zip _____
Home Phone (____) _____ Work Phone (____) _____ Ext. _____
Cell Phone (____) _____ Date of Birth ____/____/____

Select An Option

- 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.**
- Regal -**
*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 CO-OP 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 Chex Systems.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

CREDIT UNION USE ONLY

Application Received by: _____ Date: ____/____/____

Ship to Alternate Address: Y or N

Services Checked: Share Draft _____ Qualifile _____

OK for Debit Card Order Debit Denied, Adverse Action Sent by: _____

Debit Card Ordered by: _____ Date ____/____/____ Card # 416776 _____

CWS Done: _____ Pin Offset: _____

Debit Audit Done by: _____ Date: ____/____/____

Regular - Primary is age 18 or older.

Youth - Primary is under age 18, with joint who is 18 or older.

Effective 4/5/16