

Federal Employees of Chippewa County Credit Union

Debit and ATM Card Application

Please print and fill out the following:

APPLICATION CHOICES

- MasterCard Debit Card (includes ATM and must have a Checking Account)
- ATM Card

I understand that I will be responsible for the safety and security of my ATM/Debit Card and PIN (Personal Identification Number)

Applicant Name Account Number

Home Address City State Zip

How long at this address? Birth Date Social Security Number

Home Phone Day Phone

Co-applicant Name / Joint Member Name Address, City and State

Home Phone Birth Date Social Security Number

SIGNATURES By signing below, I/we agree to be bound by all terms and conditions governing the use of the card(s) as outline in the EFT Disclosure and Fee Schedule. I/We authorize Federal Employees of Chippewa County Credit Union to check my/our credit history if necessary.

Applicant Signature Date

Co-applicant Signature / Joint Member Signature (both signatures required on joint accounts) Date

Please return to the credit union via fax at 906-632-4360, or mail @ 119 East Water Street, Sault Ste. Marie, Michigan 49783, or in person.

FOR FEDERAL EMPLOYEES OF CHIPPEWA COUNTY CREDIT UNION USE ONLY

Account Verification EFT Disclosure/Fee Schedule sent Date: _____

ATM/ Debit Card ordered by: _____ Date: _____

Card Number: _____