

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: _____