

ONLINE ATM/DEBIT CARD APPLICATION

Member # _____

Primary Owner Name: _____

Mothers Maiden Name: _____ DOB: _____ PIN#: _____

Phone#: _____ 2nd Phone#: _____

Joint Owner Name: _____

Mothers Maiden Name: _____ DOB: _____ PIN#: _____

Phone#: _____ 2nd Phone#: _____

Card Mailing Address: _____

Signatures: by signing below, the undersigned request(s)the described service(s) and agree(s) to the terms and conditions governing the services(s), including any fees and charges. The undersigned agree(s) that all information is accurate and authorize(s) the financial institution to verify credit and employment history by any necessary means, including preparation of a consumer report by consumer reporting agency.

Primary Signature: _____ Date: _____ SSN: _____

Joint Signature: _____ Date: _____ SSN: _____

Regulation E (ATM/Debit Card overdraft protection):

_____ **NO**, I do not want Employees Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.

_____ **YES**, I want Employees Federal Credit Union to authorize and pay overdrafts on my ATM and everyday debit card transactions.*

* We will charge you a fee of up to \$35 each time we pay an overdraft. Also, if your account is overdrawn for 5 or more consecutive business days, we may charge an additional \$5 per day. There is no limit on the total fees we can charge you for overdrawing your account.

For more detailed information and explanation, please refer to your account disclosures.

Office Use:

ATM W/D Limit _____ POS Limit _____

Approved by: _____

Card Order Checklist

____ card issued on TransFund ATM 585240061 _____

____ Linked card on Cruise DEBIT 449221061 _____

____ REG E signed by member

Completed by: _____ Date: _____

[Type text]