

Bluegrass Community Federal Credit Union

ATM/DEBIT CARD APPLICATION

Applicant: _____ SSN: _____

Co-Applicant: _____ SSN: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Member Account Number: _____

Check which applies: Card for Applicant Card for Co-Applicant

Choose One: New Card Replacement Card

Choose One: Debit/ATM ATM Only (Savings Only)

There is a \$5.00 fee for replacement cards for reason other than stolen or worn-out.

Which account would you like the fee from? Share Account Share Draft Account

I wish to withdraw money from my: Share Account Share Draft Account
(Check all that apply)

I hereby apply for the service indicated above. I authorize the credit union to make any credit inquiries or other investigations it deems necessary in connection with this application on the extension of credit.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____

For Credit Union Purposes Only

Date Ordered _____

Ordered by _____

Card Number _____