

# ATM/Debit Card Application



## SECTION A - MEMBER INFORMATION

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## SECTION B - ACCOUNT ACCESS

Check the appropriate box(es) indicating the account(s) you want access for each cardholder type.

	Primary Member Cardholder	Joint Owner Cardholder
My Share Savings Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>
My Checking Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>
ATM Card Access Only to My Share Savings Account #: _____	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION C - MEMBER INFORMATION

Joint Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

## SECTION D - TERMS OF AGREEMENT

I (We) agree that by signing and using the ATM/Debit Card issued in accordance with the above instructions, that I (we) agree to review the Electronic Fund Transfers Agreement & Disclosure and the Truth-in-Savings Disclosures provided to me (us), and I (we) agree to the terms and conditions specified therein.

Member Signature: \_\_\_\_\_

Member Number: \_\_\_\_\_

(1) Joint Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(2) Joint Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FOR CREDIT UNION USE ONLY

Retail Consultant Ordering: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

Member Card #: \_\_\_\_\_

Add'l Card #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Prod Ops: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

www.vsecu.com  
802/800 371-5162



Mail application to:  
**One Bailey Avenue**  
**Montpelier, VT 05602**