



ATM APPLICATION FORM

ACCOUNT #

PLEASE PRINT

FIRST NAME

MIDDLE INITIAL

LAST NAME

Joint Member **FIRST NAME**

MIDDLE INITIAL

LAST NAME

Home Address/P.O. Box

Place of Work:

Phone# (Home)

Cell #

Work #

Account # _____

Email

Signature of Member

Signature of Joint Member

INTERNAL USE ONLY

Completed by: Date Card Requested:

Card Number: **6 3 9 3 – 0 1**

CIF Number:

PRIMARY

Supplementary

Card Prepared by Date Card Prepared:

FOR INTERNAL USE ONLY

CREDIT UNION ACCOUNTS TO BE ACCESSED:

* ACCOUNT	APPROVED
LOAN (L01)	
LOAN (L02)	
LOAN (L04) (CHRISTMAS)	
REGULAR SAVINGS (D00)	
DEPOSIT (D01)	
HOLIDAY CLUB (D02)	
SUMMER CLUB (D03)	
CHEQUING (D08)	

* Place a tick in the box next to the account to be activated.