

ATM Card Application

Account Number _____

Number of Cards: Owner Joint Owner

Name _____

Social Security # _____ Birthdate _____

Joint Owner _____

Social Security # _____ Birthdate _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Employer _____

Work Phone (____) _____

Joint Owner's Employer _____

Work Phone (____) _____

I (we) hereby request an ATM card(s) to be issued and I (we) agree to use the card(s) to obtain cash, goods or services only if at the time of such use there are sufficient funds on deposit in the account listed above. If the above account is a joint tenant account with the right of survivorship and not as tenants in common, our signatures to this agreement shall constitute a continuing written withdrawal order to the Credit Union to make withdrawals when authorized, and such withdrawals shall be binding upon all other joint tenants. I (we) certify the above statements are true, and I (we) authorize the Credit Union to investigate my (our) credit. I (we) request that the 4-digit number I (we) have indicated below be assigned as my (our) Personal Identification Number (PIN) to be used with my (our) ATM card. I (we) should keep a record of this number as it will not be kept on file at the Credit Union, nor will it accompany my (our) ATM card(s).

Signature _____ Date _____

Joint Signature _____ Date _____

I (we) request that my (our) 4 digit Personal Identification Number (PIN) be

(Be sure to keep a record o/the number you've selected!)

Mail completed form to:
Mid American Credit Union
8404 West Kellogg Drive
Wichita, Kansas 67209

