

ALABAMA TEACHERS CREDIT UNION
VISA® ATM/DEBIT CARD APPLICATION

ACCOUNT INFORMATION			
MEMBER/ACCOUNT NAME		ACCOUNT NUMBER	SUFFIX
ADDRESS		PHONE	
CITY	STATE	ZIP	EMAIL
DATE OF BIRTH		DL#	

NEW OR EXISTING EMBOSSED DEBIT CARD (7-10 BUSINESS DAY WAIT)
<input type="checkbox"/> DEBIT <input type="checkbox"/> ATM (Shares Only)

NEW INSTANT ISSUE CARD
<input type="checkbox"/> DEBIT <input type="checkbox"/> ATM (Shares Only) <input type="checkbox"/> Synced (Teen Card)

EXISTING INSTANT ISSUE CARD	
Driver's License Number Verified: _____	FEE (131-000) SHARE _____ SHARE DRAFT _____ CASH _____
<input type="checkbox"/> DEBIT <input type="checkbox"/> ATM (Shares Only) <input type="checkbox"/> PIN Only	

CERTIFICATION
By signing below, the undersigned request the described services and agree to the terms and conditions governing the services, including any fees and charges as set forth in the Credit Union's Master Account Agreement and Disclosures as well as the Fee Schedule. The undersigned agree that all information is accurate and authorize ATCU to verify credit and employment history by any necessary means, including preparation of a credit report by a credit-reporting agency. NOTICE: Transactions are limited to \$2,000 daily.

AUTHORIZED CARD SIGNERS		
MEMBER SIGNATURE	PRINT NAME	<input type="checkbox"/> ORDER CARD
SIGNATURE	PRINT NAME	<input type="checkbox"/> ORDER CARD
SIGNATURE	PRINT NAME	<input type="checkbox"/> ORDER CARD
SIGNATURE	PRINT NAME	<input type="checkbox"/> ORDER CARD

FOR CU USE ONLY	
ATCU REPRESENTATIVE SIGNATURE	DATE
KEYED BY	DATE KEYED
COMMENTS	