

ATM Card Application Form

New Primary Joint Date: _____

Replacement Reason: _____ Primary Joint
Account: _____ Share Both

ATM Account Number_640010 00000 _____()

Primary Name: _____ SSN: _____

Joint Name: _____ SSN: _____

Address: _____
Street, City, State, Zip Code

In order to obtain an ATM/Debit card with the Fort Meade Community Credit Union, I have read, do understand, and agree to the following:

- A. Have you ever had a debit card with the Fort Meade Community Credit Union? Yes No
- B. Have you ever had a debit card revoked by any other financial institution?
If yes, name of institution and date: _____ Yes No
- C. Do you presently have, or previously had, a share draft (checking) account with the Fort Meade Community Credit Union? Yes No
- D. Do you presently have, or previously had, a loan with the Fort Meade Community Credit Union? Yes No

I hereby hold harmless and idemnify the Fort Meade Community Credit Union from any action resulting from the loss, misplacement, or unauthorized use of the ATM/debit card requested by me.

In accordance with applicable state and federal laws, I also agree that I have received, read, and do agree to the regulations stated within the ATM/debit card agreement, provided by the Fort Meade Community Credit Union, upon application for my ATM/debit card.

Primary Signature Date

Joint Signature Date

Approval
Director, Member Services: _____
Date

This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get their money back.