

ATM/Check Card Application

Cinfed Credit Union

ATM/Check Card - Daily withdraw limit \$500

513-333-3837

ATM Card - Daily withdraw limit \$200

Fax: 513-333-3903

Account Number:	Date Received:	Teller:	Branch:
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PRIMARY MEMBER

NAME: Last	First	MI	Social Security Number:	Daytime Phone Number:
Address:			City:	State: Zip:
Employer:			Phone Number:	# Years: Position:

JOINT MEMBER:

NAME: Last	First	MI	Social Security Number:	Daytime Phone Number:
Address:			City:	State: Zip:
Employer:			Phone Number:	# Years: Position:

List all accounts you wish to access with your card at an ATM. Check Card purchases will debit only the Primary Checking Account. Loan and Christmas Club accounts cannot be accessed at an ATM.

Primary Checking Account: _____ (Primary checking must be the same on both cards.)

PRIMARY MEMBER ACCESS

Account Number	Suffix
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

JOINT MEMBER ACCESS

Account Number	Suffix
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURES:

Everything I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to provide information about your credit experience with me.

PRIMARY MEMBER

DATE

JOINT MEMBER

DATE

FOR CREDIT UNOIN USE ONLY:

Processed by: _____ Teller #: _____ Date: _____ Approved Denied Reason: _____

Primary Card # _____ Joint Card # _____