

IN ORDER TO ISSUE A CARD TO EITHER SIGNER OF A JOINT ACCOUNT BOTH OWNERS MUST SIGN.
ATM & VISA CHECK CARD APPLICATION

PLEASE PRINT

ATM Card Visa Check Card

Name _____

Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Joint Name _____

Social Security No. _____ Date of Birth _____

I wish to access the following accounts:

Checking Statement Savings

_____ # _____

I/We understand that I/we am/are the only individual(s) authorized to use the card and that use of the signifies agreement to the terms and conditions set forth in the Initial Disclosure of Terms and Conditions of Electronic Fund Transfer Services. I/We authorize release of credit information to R.A.H. Federal Credit Union. I/We understand that if I/we do not qualify for the Visa Check Card an ATM Card may be issued in its place.

Signature _____ Date _____

Signature _____ Date _____

Official Use Only
Date received _____
Approved (Y/N) _____
Processed By _____

Personal Identification Number (PIN)

This number belongs to you and is the key to the security of our accounts. Please select four (4) digits below and record in a safe place for your future reference. If you have any questions, please contact the credit union

Applicant Co-Applicant