

ABE VISA CHECK CARD/ATM CARD APPLICATION

Please fill out this form in its entirety. Any blank or incorrect entries will delay the processing of this request.

Check one of the following:

_____ I (we) am (are) requesting an ATM card (Requires a Savings Acct.)

_____ I (we) am (are) requesting an ABE VISA Check Card (Requires a Checking Acct.)

Member Information

Account Number _____

Member Name _____ SS# _____

Joint Owner Name _____ SS# _____
(If Applicable)

Mailing Address _____

Home Phone # _____ Work Phone # _____

I (we) authorize ABE Credit Union to send me (us) an ABE ATM or ABE VISA Check Card. I (we) have received a copy of the Disclosure of Terms and Conditions for Electronic Funds Transfer Transactions (EFT Disclosure). My (our) first use of the ATM card or ABE VISA Check Card will mean I (we) agree to all of the terms and conditions contained therein. I (we) understand that my (our) ABE Credit Union account must be in good standing to qualify for the ABE VISA Check Card and further understand that if I (we) do not qualify for the ABE VISA Check Card, you will send me (us) an ABE ATM card if I (we) do not already have one.

I authorize the ABE Credit Union to obtain credit reports in connection with this application.

Member's Signature _____ Date _____

Joint Owner's Signature _____ Date _____

For ABE-FCU Use Only:

Form was (Check One) _____ Mailed _____ Accepted at ABE branch office

Branch Location _____ Teller # _____

Approved By _____

_____ ATM Card(s) Issued

_____ ABE VISA Check Card(s) Issued