



**Peoples  
Credit Union**  
*The Community Credit Union*

# ATM Card Application

(Please refer to your copy of the Disclosures brochure.)

PLEASE PRINT OR TYPE

\_\_\_\_\_  
Name

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Day Phone No.

If joint owner is to receive a card, please give joint owners name

\_\_\_\_\_  
By signing below, I (we) agree to comply with and understand the conditions of this application.

The signature (s) below also indicate that I (we) received a copy of the Electronic Funds Transfer Disclosure contained within the disclosure brochure.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Signature (Joint Owner)

\_\_\_\_\_  
Date