

IH Credit Union ATM Card Application

_____ Please send me an IH Credit Union ATM Card.

Number of Cards Requested: _____

Applicant Information

Name:

Member Account Number:

Street:

City: State: Zip:

Cell Phone: Home Phone: Work Phone:

Social Security Number: Date of Birth:

Employment & Occupation: \$ Monthly Income: Employment Date:

Co-Applicant Information

Name:

Social Security Number: Date of Birth:

Employment & Occupation: \$ Monthly Income: Employment Date:

I want to be able to access my _____ Savings _____ Checking

By signing below I / we agree to all of the terms, rules and conditions of the IH Credit Union ATM Card. Please refer to the **ATM Agreement and Disclosure**. I hereby authorize the credit union to whom this application if made, or any credit bureau or other investigative agency employed by such credit union, to investigate the references herein listed or statements or other data obtained from me or from any other source whatsoever pertaining to my credit and financial responsibility. I understand that there is a \$10.00 charge for each new or replacement ATM Card requested which is payable on receipt of the card(s).

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

To apply simply fax, mail or deliver the application to one of our convenient branch offices.

For IH Credit Union use only:	
_____ Approved, By and Date	_____ Denied, By and Date
_____ Reason	