



ATM Card / VISA Check Card Application

REQUIRES A COASTLAND FEDERAL CREDIT UNION SHARE DRAFT (CHECKING) ACCOUNT



USE YOUR ATM CARD TO WITHDRAW FUNDS FROM AUTOMATED TELLER MACHINES (ATMS)!

USE YOUR CHECK CARD INSTEAD OF WRITING CHECKS!

WHEREVER VISA CHECK CARDS ARE ACCEPTED...



Account #: _____ Today's Date: _____

Applicant's Name: _____

Date of Birth: _____ Social Security #: _____

Joint Applicant's Name: _____

Date of Birth: _____ Social Security #: _____

Address _____

City/State/Zip _____

Daytime Phone (_____) _____ Cell Phone (_____) _____

Mother's Maiden Name - Primary: _____ Joint: _____

I (WE) CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE. I (WE) ALSO AUTHORIZE THE CREDIT UNION TO VERIFY OR OBTAIN FURTHER INFORMATION THE CREDIT UNION MAY DEEM NECESSARY CONCERNING MY (OUR) CREDIT STANDING. I (WE) HEARBY AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THE ELECTRONIC FUND TRANSFER DISCLOSURE WHICH I (WE) HAVE RECEIVED. I (WE) UNDERSTAND THAT ATM/CHECK CARD TRANSACTIONS WILL BE WITHDRAWN FROM MY (OUR) CHECKING ACCOUNT. FURTHER, I (WE) UNDERSTAND THAT DISCLOSURE STATEMENTS WILL BE SENT TO ME (US) PRIOR TO RECEIVING (OUR) ATM/CHECK CARD. USE OF MY (OUR) ATM/CHECK CARD INDICATES MY AGREEMENT WITH THE DISCLOSURE.

I REQUEST THAT A SECOND CARD BE ISSUED TO THE JOINT OWNER OF THIS ACCOUNT (JOINT OWNER'S SIGNATURE REQUIRED).

Applicant's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

CREDIT UNION USE ONLY:

Authorized by _____

Date: _____

ATM Card

VISA Check Card