



INSTANT ISSUE DEBIT CARD FORM

MAIL* PICK UP AMHERST
 NT
*If mailed you may be subject to a \$6.95 S&H fee

DATE: / /

NAME

DOB / /

Member #

ADDRESS

CITY, STATE, ZIP

POS Limit \$

MOTHERS MAIDEN NAME

SS# - -

ATM Limit \$

- ORDER NEW
- REPLACE - LOST (\$12.00)
- REPLACE - STOLEN
- REPLACE - DAMAGED (\$12.00)

EMAIL

CELL PHONE* - -
*we may text you regarding fraud

TAKE FEE FROM: CHECKING SAVINGS

SIGN UP FOR SWIPE & SAVE: YES, SAVE MY SPARE CHANGE! NO, I DON'T LIKE SAVING MY MONEY

Signature _____

I hereby acknowledge receipt of a copy of the Cardholder Agreement and of the Disclosure Statement informing me of my rights under the Electronic Funds Transfer Act.

OFFICE ONLY Received: _____ Completed: _____ Draft#: _____
ACCESS CARD NUMBER: 5142-1700-00 _____ - _____