



CREDIT UNION OF TEXAS ATM APPLICATION

I. YOUR INFORMATION

Name (Last, First, Middle) _____ Social Security # _____
 Address _____ E-Mail Address _____
 City _____ State _____ Zip Code _____
 Driver's License Number _____

2. ACCOUNT INFORMATION

Primary Membership Number _____

Primary Accounts:

Checking \$ _____

Savings \$ _____

Additional Accounts you would like to access with your ATM card:

(May only include accounts on which you are a primary or joint owner)

Account Number _____ Account Type: (S-, L-) _____

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Account Number _____ Account Type: (S-, L-) _____

Account Number _____ Account Type: (S-, L-) _____

Reason for Card:

- New Card Lost Stolen Damaged
 Retained by Machine Other _____ (A fee may be assessed.)

Member Authorization:

By using the card, each cardholder agrees to abide by the terms of the Cardholder Agreement. For additional disclosures, please refer to the Account Agreement.

Member Signature _____ Date _____

You will receive your Personal Identification Number (PIN) two to three days after you receive your card.

FOR CREDIT UNION OF TEXAS USE ONLY:

CARD NUMBER

File Maintained By: _____ Operator ID: _____ Date: _____ Audited by: _____