

LOS ALAMOS SCHOOLS CREDIT UNION
ATM/DEBIT APPLICATION FORM

Member Name _____

Physical Address _____

Mailing Address _____

City, State, ZIP _____

Last 4 of Social Security # _____ Birth Date _____

Mother's Maiden Name _____

Home Phone _____ Work Phone _____

MEMBER ACCOUNT NUMBER (Please include suffix)

I authorize the above request for an ATM/Debit card. I acknowledge that by signing below the credit union will charge my account a fee of \$25.00 per transaction should my account balance show negative.

MEMBER SIGNATURE

DATE

Ordered By: _____

CARD # _____

Card # in System: _____

EMPLOYEE SIGNATURE _____

DATE OF SUBMITTAL _____