

ATM/Debit Card Request



CARD ORDER FOR: MEMBER JOINT

New Card Reorder Name Change Add Joint Account Number Change

MEMBER: Account Number: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

JOINT:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Signature: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit by any necessary means, including preparation of credit report by a credit reporting agency. The undersigned acknowledges receipt of the named disclosure: **Electronic Funds Transfer Disclosure**

A Launch FCU ATM/Debit Card may not be used for any illegal transaction.

Member Signature: _____ Date: _____

Joint Signature: _____ Date: _____

LAUNCH FCU USE ONLY

Form signed in person / EchoSign: _____
Signature of employee who verified the member's identity

Form not signed in person – contacted member for verification. (Refer to ATM/Debit Card procedures)

Card Ordered – Member contacted Card not ordered – Unable to contact member

Verified history for recent address change If yes, refer to ATM/Debit Card procedures

Date Received: _____ Approved: Yes No Charge No Charge

MSR Initials: _____ Branch: _____