



## ATM Card Application

New ATM Card

Replacement ATM Card

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
BTFCU Account #

\_\_\_\_\_  
Joint Name (if applicable)

Please issue \_\_\_\_\_ (quantity) ATM card (s). I understand that any ATM card issued as a result of this application is the property of Building Trades Federal Credit Union and can be revoked for cause without liability or notice.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Owner's Signature

\_\_\_\_\_  
Date

All cardholders must be account owners either primary or joint. All applications are subject to approval.

**Instructions:** Please print this application and return completed in person, by fax (619-284-2259), or by mail. If you do not receive your ATM card within two weeks after you submit this application, contact BTFCU immediately.

Please see Statement of Fees and Truth in Savings for additional information.

**Office Use Only**

ChexSystems Verification \_\_\_\_\_ Date Issued \_\_\_\_\_

Issued By \_\_\_\_\_ Approved By \_\_\_\_\_