

ATM CARD APPLICATION

If card is for Joint Owner ONLY check here



P.O. Box 61530
Boulder City, NV 89006-1530
(702) 293-7777

MEMBER NUMBER _____

Number of Card Requested _____

MEMBER INFORMATION			JOINT OWNER INFORMATION		
NAME			NAME		
MAILING ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER			SOCIAL SECURITY NUMBER		
BIRTHDATE			BIRTHDATE		
E-MAIL ADDRESS			E-MAIL ADDRESS		
HOME PHONE	CELL PHONE		HOME PHONE	CELL PHONE	
EMPLOYER	DAY TIME PHONE		EMPLOYER	DAY TIME PHONE	

You pledge that all information stated in this application is correct to the best of your knowledge and complete. By signing or otherwise authenticating, the undersigned acknowledge(s) receipt of and agree(s) to the terms and conditions of the ATM Card and VISA Debit Card Agreement and Disclosure Statement, the Membership and Account Agreement, the Funds Availability Policy Disclosure, and the Electronic Fund Transfers Agreement and Disclosure if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. **YOU AUTHORIZE THE CREDIT UNION TO OBTAIN CREDIT REPORTS IN CONNECTION WITH THIS APPLICATION FOR A DEBIT/ATM CARD, CREDIT, AND BUSINESS TRANSACTIONS INVOLVING THE APPLICANT(S)/ACCOUNT HOLDER(S) DEBIT/ATM CARD.** The Credit Union may withdraw this offer if unable to verify the information you provide, or if a current report reflects certain adverse circumstances. You are responsible for all transactions you make with the Card or that you authorize another person to make with Card. You understand that if you disclose your debit card/ATM card PIN to anyone, they will have access to all accounts identified by your account number. If the Account is a joint account, all transactions involving the Account are binding on all Account holders. Additional terms and conditions can be found in the Membership & Account Agreement and the ATM Card and VISA Debit Card Agreement and Disclosure Statement. When you use an ATM not owned by Boulder Dam Credit Union, you may be charged a fee by the ATM operator in addition to the fees detailed in the Fee Schedule.

X _____
Member's Signature Date

X _____
Joint's Signature Date

X _____
Parent or Guardian Authorization (if Member is under 18 Years Old) Print Name Relationship to Member

-----For Credit Union Use Only-----
 Ordered: _____ Online: \$ _____ Approved: _____ Exp Date: _____
 Letter: _____ POS: \$ _____ Denied: _____
 Audited: _____ Offline: \$ _____ Reason: _____