

LM FEDERAL CREDIT UNION

101 Chesapeake Park Plaza
Baltimore, MD 21220
Phone (410) 687-5240

ATM CARD APPLICATION

C.U. ACCOUNT NUMBER: _____

PRIMARY MEMBER NAME: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: _____

DAY PHONE: _____ NIGHT PHONE: _____ DOB _____

JOINT OWNER NAME: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: _____

DAY PHONE: _____ NIGHT PHONE: _____ DOB _____

IS JOINT OWNER ON SHARE ACCOUNT? _____

(If joint is not on share account he/she cannot access the share/savings with the ATM card)

The information provided above is given so that the undersigned member(s) may obtain a LM Federal Credit Union ATM card. I/we certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my/our credit and deposit history, and furnish such information to others. I/we understand and agree that anyone in possession of my/our ATM card may access my/our account(s) through use of the ATM card. I/we agree to use the ATM card in accordance with current and future rules and regulations as provided by the C.U. I/we understand that ATM access privileges may be revoked for cause at any time by the C.U.

PRIMARY MEMBER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE _____ DATE _____