

LM FEDERAL CREDIT UNION

101 Chesapeake Park Plaza
Baltimore, MD 21220
Phone (410) 687-5240
Fax (410) 687-1322

SHARE ATM CARD APPLICATION

Use this application if you do NOT have a LM Federal checking account and you wish to access your share account with an ATM card. The card will allow you to make cash withdrawals at an ATM. If you wish to use an access card to purchase goods or services at a merchant, a checking account is required.

Monthly Card Fee: \$2 fee, waived for members who qualify for Silver or Gold Membership Rewards (age 22 or less, age 62 or greater, or those maintaining average deposit balances of \$2,500 or greater).

Per Transaction Fee: No fees if you use the LM Federal ATM. If you use another ATM, a \$1 fee is charged for each ATM withdrawal and a \$.75 fee for balance inquiries.

(To submit this application, please mail, fax, or drop off at LM Federal's office listed above.)

C.U. ACCOUNT NUMBER: _____

PRIMARY MEMBER NAME _____

SOCIAL SECURITY # _____

DRIVERS LICENSE #: _____ STATE: ____

Day# _____ Night# _____ DOB _____

JOINT OWNER NAME: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE #: _____ STATE: ____

Day# _____ Night# _____ DOB _____

****Please note that you may only access your primary share account at the ATM with this card.****

The information provided above is given so that the undersigned member(s) may obtain an LM Federal ATM Card for their share/savings account. I/we certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my/our deposit history, and furnish such information to others. I/we authorize the Credit Union to obtain credit reports in connection with this application and for any update, renewal or reconsideration required. If you request, the Credit Union will tell you the name, address and phone number of any credit bureau from which it received a credit report on you. I/we understand and agree that anyone in possession of my/our ATM Card may access my/our account(s) through use of the card. I/we agree to use the card in accordance with current and future rules and regulations as provided by the Credit Union. I/we understand that card access privileges may be revoked for cause at any time by the Credit Union.

PRIMARY MEMBER SIGNATURE _____ DATE _____

JOINT OWNER SIGNATURE _____ DATE _____