

ATM Card Application

		Pormer Name
Primary Name:		Account Number:
Home #:	Cell #:	Work #:
use of my card(s). I AGREE NOT TO GIV	/E ANY PERSON MY PERSONAL IDEN at I will be liable in accordance with t	ons set forth in the Electronic Funds Transfer Disclosure relating to the TIFICATION NUMBER (PIN) NOR KEEP MY CARD AND PIN NUMBER IN the disclosure and that the use of my card(s) and PIN number will give
Pin selection should not be any of the memorize your PIN # and destroy any		none #, same numbers or obvious numbers such as 1234. You should
Primary Signature		Date
Please complete Joint Name	information and Joint Sign	ature if requesting a joint card.
loint Name:		(Must be joint on primary savings or checking)
Home #:	Cell #:	Work #:
Joint Signature		Date
	CREDIT UNIO	N USE ONLY
Primary Member's 6-Digit W	ebPIN Reference Number:	
Primary Member's Ide	entification:	
Comments:		
loint Member's 6-Digit Web	PIN Reference Number:	 ,
Joint Member's Ident	ification:	
		SFEFCU Rep.'s Name and Teller #

ATM App rev. 12/2017