

# FAX

(or mail completed form to address at bottom)

To: Card Services Department  
Fax Number: 209.384.4391  
From: \_\_\_\_\_  
Subject: ATM/Debit Card Application Form

Please complete this application for a Patelco ATM/Debit Card, at no additional charge. You must have a Patelco Checking Account in good standing to qualify for a card.

## Member Information

First Name	Initial	Last Name	Social Security Number - -	Account Number
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## Co-Applicant Information

First Name	Initial	Last Name	Social Security Number - -	Account Number
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Request:  ATM  Debit  Both

**Attach Photocopy of Driver's License or State ID for each account holder seeking a card.**

For two cards to be issued, both account holders must be joint on all accounts.

## Signatures

By signing below, I/We agree to the terms and conditions of Patelco Credit Union's ATM/Debit Card Agreement as outlined in the *Account Disclosure and Fee Schedule*.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Or mail completed form to:

**Patelco Credit Union  
PO Box 2227  
Merced, CA 95344-0227**