

ATM/Debit Card Application

(debit card applies to checking account only)

HEALTHCARE EMPLOYEES FEDERAL CREDIT UNION

Name

Street Address

Apartment No./P.O. Box No.

City, State, Zip Code

Home Phone

Cell Phone

IMPORTANT: CARD WILL BE ORDERED UPON FIRST DEPOSIT.

**ACTIVATE AND CREATE YOUR PIN USING THE PHONE NUMBER PROVIDED
WHEN YOU RECEIVE YOUR CARD**

SIGNATURE REQUIRED By signing below, I agree to be bound by the terms and conditions of the ATM/Debit Card Disclosure Agreement received with my ATM/Debit card before activating my card.

X

Applicants Signature

Date

All accounts verified through Chex Systems

ACCOUNT NUMBER

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**TO BE COMPLETED
BY CREDIT UNION**

FOR OFFICE USE ONLY

D/V