



**Birmingham Bloomfield Credit Union**

576 E. Lincoln Ave.  
Birmingham, MI 48009  
248-647-5958

6375 Highland Road  
Waterford, MI 48327  
248-683-2920

**APPLICATION FOR ATM/DEBIT CARD**

Member Number: \_\_\_\_\_

Suffix(s) on Acct: \_\_\_\_\_ **Last 3 Digits Only**

**Check the Appropriate Boxes:**

<input type="checkbox"/> ATM Card	<input type="checkbox"/> Debit Card
<input type="checkbox"/> New Request	<input type="checkbox"/> New Request for Joint Owner <input type="checkbox"/> PIN Request : Last 4 digits of card #: _____
<input type="checkbox"/> Replacement Card: Last 4 digits of existing card #: _____ Reason: <input type="checkbox"/> Lost/Stolen or Fraud (will issue a new card # & PIN #) <input type="checkbox"/> Card not working (will issue a card with the same # & PIN #)	\$3.00 Fee for PIN # orders \$5.00 Fee for Replacement Card Take fee from: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
<input type="checkbox"/> Comments: _____	

**Primary Member**

Name (First)	(Middle Initial)	(Last)	Home Phone	Cell Phone
Address (as it appears in GOLD)		City	State	Zip
<input type="checkbox"/> <b>Special Mailing Instructions:</b>	<input type="checkbox"/> Birmingham Office	<input type="checkbox"/> Waterford Office	<input type="checkbox"/> Other Address, listed below Signature REQUIRED	
Special Mailing Address – <i>signature required</i>		City	State	Zip

**Joint member**

Name (First)	(Middle Initial)	(Last)	Home Phone	Cell Phone
Address (as it appears in GOLD)		City	State	Zip
<input type="checkbox"/> <b>Special Mailing Instructions:</b>	<input type="checkbox"/> Birmingham Office	<input type="checkbox"/> Waterford Office	<input type="checkbox"/> Other Address, listed below Signature REQUIRED	
Shipping Mailing Address – <i>signature required</i>		City	State	Zip

**\*\* Signatures are REQUIRED for New Requests\*\***

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:** I (we) certify that the information provided is true and complete. I (we) hereby agree to be bound by the terms and conditions of the Electronic Fund Transaction (EFT) Notice & Disclosure. I (we) understand these Debit MasterCard transactions will be withdrawn from my (our) BBCU checking account. I (we) further understand that the Debit MasterCard is not a credit card and will not be treated as a transaction based on credit. I (we) understand that transactions posted to the account without available funds may incur a Non-sufficient Funds Fee and I (we) will be responsible for those charges. If this is a joint application, the undersigned shall be jointly and severally liable for any and all transactions

X  \_\_\_\_\_  X  \_\_\_\_\_  
**Primary Member's Signature** Date **Joint Member's Signature** Date

**CREDIT UNION USE:** Request Taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Fee Charged by: \_\_\_\_\_

Phone Request, ID Verified. How? \_\_\_\_\_ \*Phone requests should only be accepted for card or PIN replacement

Verified Opt In/Out form is on file (needed for accts w/checking)

Last 4 #'s on new card : # \_\_\_\_\_ Ordered by: \_\_\_\_\_ Date: \_\_\_\_\_

For Replacement Cards (Lost/Stolen/Fraud): Replaced Card Closed by: \_\_\_\_\_ Date: \_\_\_\_\_