



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

Primary Member

Name (First)	(Middle Initial)	(Last)	Home Phone	Cell Phone
Address (as it appears in GOLD)		City	State	Zip
<input type="checkbox"/> Special Mailing Instructions:	<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"/> Special Mailing Instructions:	<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 I (we) understand these Debit MasterCard transactions will be withdrawn from my (our) BBCU checking account.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

<u> X </u>	_____	<u> X </u>	_____
Primary Member's Signature	Date	Joint Member's Signature	Date

CREDIT UNION USE:	Request Taken by: _____	Date: _____	Fee Charged by: _____
<input type="checkbox"/> Phone Request, ID Verified. How? _____ *Phone requests should only be accepted for card or PIN replacement			
<input type="checkbox"/> 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: _____			