

Birmingham Bloomfield Credit Union d/b/a Metro North Credit Union

576 E. Lincoln 6375 Highland Road 4594 Pontiac Lake Rd. 15156 N. Holly Rd.
 Birmingham, MI 48009 Waterford, MI 48327 Waterford, MI 48328 Holly, MI 48442
 P: 248-647-5958 P: 248-683-2920 P: 248-674-0491 P: 248-634-9061
 F: 248-647-9239 F: 248-461-6390 F: 248-674-1644 F: 248-634-4740

APPLICATION FOR DEBIT/ATM CARD

Member Number: _____

Suffix(s) on Acct: _____

Check the Appropriate Boxes:

ATM Card Debit Card (Please check one) Request New PIN only (last 4 digits on 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 #) <input type="checkbox"/> Member wishes to keep current card active (BBCU Cards only) <input type="checkbox"/> Comments: _____	\$3.00 Fee for PIN # orders \$10.00 Fee for Replacement Card Take fee from: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
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 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"/> Branch Office		<input type="checkbox"/> Other Address, listed below Signature REQUIRED	
Address		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"/> Branch Office		<input type="checkbox"/> Other Address, listed below Signature REQUIRED	
Address		City	State	Zip

**** Signatures are REQUIRED for New Requests or Special Mailing (other than to a branch location) ****

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 I (we) understand these Debit MasterCard transactions will be withdrawn from my (our) BBCU checking account.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: _____ 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)

Card/PIN # _____ Ordered By: _____ Date: _____

For Replacement Cards (Lost/Stolen/Fraud): Replaced Card # _____ Closed by: _____ Date: _____
 (Rev. 7/24/2019)