



6051 Market Avenue, Suite C  
 Franklin, OH 45005  
 (513) 974-5179 tel  
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 www.atrium4u.org

# Debit Card Application Form

Full Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Member's Signature

**CREDIT UNION USE ONLY:**

Account Number: \_\_\_\_\_ Open: \_\_\_\_\_ Replacement: \_\_\_\_\_

Card Number: \_\_\_\_\_ Old Card Number: \_\_\_\_\_  
(if replacement)

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ By: \_\_\_\_\_

Card Limit \$: \_\_\_\_\_ Cash Limit \$: \_\_\_\_\_ POS \$: \_\_\_\_\_

Comments/Restrictions: \_\_\_\_\_

ATM Indicator Done: \_\_\_\_\_ Service Charge Code Change: \_\_\_\_\_

Replacement Card Fee Charged: \_\_\_\_\_

Entered into the System By: \_\_\_\_\_ Date: \_\_\_\_\_

version: 2017.06-rev

\* Rates are subject to change at anytime. Other loan products and terms are available. Your APR may vary based on your final loan amount and finance charges. Subject to credit approval. Call (513) 974-5179 for additional information.

