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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/Cell Phone: _____ Work Phone: _____

_____ Date: _____

Member 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: _____



ACCOUNTS INSURED UP TO \$500,000



American Share Insurance insures each account up to \$250,000. Excess Share Insurance Corporation provides up to an additional \$250,000 of insurance per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. **MEMBERS' ACCOUNTS ARE NOT INSURED OR GUARANTEED BY ANY GOVERNMENT OR GOVERNMENT-SPONSORED AGENCY.**