



Card Fee \$15.00-Paid: <input type="checkbox"/> Waived: <input type="checkbox"/>
Reason Fee Waived:

ATM Card Application:

- Your Debit Card will **ONLY BE LINKED TO YOUR SAVING ACCOUNT** to withdraw cash only.
- You will be charged a minimal service fee from the ATM vendor.
- Your ATM card **CANNOT** be used for purchases.
- Your ATM card has a withdrawal limit of \$300 and will reset within a 24-hour period.
- Each user must have his or her own card and will only have access to the accounts which he/she are authorized to use.

**MEMBER INFORMATION:**

**Keystone Credit Union Account #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

\_\_\_\_\_  
**City** **State** **Zip Code**

\_\_\_\_\_  
**Social Security Number** **Date of Birth** **Driver License #** **State**

\_\_\_\_\_  
**Home Phone** **Work Phone** **Cell Phone**

**Email Address:** \_\_\_\_\_

By Signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Keystone Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I/We are hereby applying for the Keystone Credit Union ATM Card and acknowledge that I/We agree to the terms and conditions of the ATM Card Agreement and the Electronic Services and Information Disclosures and may be subsequent changes in terms and conditions that may occur. Request is upon approval of our application by the issuing financial institution.

\_\_\_\_\_  
**Member's Signature** **Date**

\*\*\*\*\*For Credit Union Only\*\*\*\*\*

\_\_\_\_\_  
**Processed By** **Date Processed**

\_\_\_\_\_  
**Card Ordered By** **Card Order Date**

ATM Card #: 6411 4500 00 \_\_\_\_\_

\_\_\_\_\_  
**Offset** **Date** **Exp. Date**

\_\_\_\_\_  
**Entered in Reliance By** **Date Entered**