



Your Community CREDIT UNION myMAX.com

MAX VISA CHECKCARD / ATM APPLICATION

Account Number Card Type # of Cards Requested

Cardholder Name 1

Cardholder Name SSN DOB

Cardholder Name 2 (Must be joint account owner)

Cardholder Name SSN DOB

Mailing Address Street City State Zip

Account Access with Card(s): Primary Shares Checking Line of Credit

NOTICE

I/We hereby request that a MAX Visa Chekcard(s) ("Card") and a Personal Identification Number (PIN) be issued for the account and account holder(s) designated herein my/our retention or use of such card(s) will bind me/us to the terms and conditions of the Automatic Teller and MAX ChekCard Contract and Electronic Funds Transfer Act Disclosure, and all other rules terms and conditions or amendments thereto, as may be established from time to time by the Credit Union. By signing this application I/we authorize the credit union to check my/our credit and employment history and make whatever inquiries necessary in the course of granting the debit card. Reviewing its use, reissuance or cancellation I/we understand that we must be of legal age (19) to be issued a card. I/we understand the credit union will retain this application whether or not it is approved. I/we understand that if my/our application for the Visa Checkcard is not approved, I/we may be considered for a MAX ATM Card.

Member Signature: Date:

I take full responsibility for all ATM Transactions performed on Account No. until such time as primary member on said account reaches legal age for the State of Alabama.

Signature Date

Witness Date

CREDIT UNION USE ONLY

RUSH DNCF Send to Branch

APPROVED BY: Teller No. Date

DENIED BY: Teller No. Date

COMMENTS