

APPLICATION FOR ATM CARD OR VISA® DEBIT CARD

I'd like to apply for the following card(s): ATM Card Visa® Debit Card

DEPOSITOR

Account Number _____

Name (First - Middle - Last) _____

Address _____

City _____ State _____ Zip Code _____

Social Security No. _____

Home Telephone _____

JOINT DEPOSITOR

Name (First - Middle - Last) _____

Issue another card in this name: Yes No

Address (if different from depositor) _____

City _____ State _____ Zip Code _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agree(s) that all information is accurate and authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Signature of Depositor _____

Date _____

Signature of Joint Depositor _____

Date _____

Mail or deliver application to:

CHICAGO POST OFFICE EMPLOYEES
CREDIT UNION
10027 SOUTH WESTERN AVENUE, CHICAGO, ILLINOIS 60643

OFFICE USE ONLY

DEBIT VISA INFORMATION

NEW CARD #435580- _____

2ND DEBIT CARD #435580- _____

LOST/REPLACED: _____

CARD _____

ATM INFORMATION

NEW CARD #584508- _____

ACCOUNT ASSOCIATION: CHECKING: _____ SAVINGS: _____

2ND ATM CARD #584508- _____

TRANSMITTED BY: _____ DATE: _____