



VISA® Debit Card Application

Primary Member (or Entity) Information:

Name: _____ Member #: _____
 Address: _____
 Home Phone: _____ Cell: _____
 Email: _____ Mother's Maiden Name: _____

Joint (or Authorized Signer):

Name: _____ Member #: _____
 Address: _____
 Home Phone: _____ Cell: _____
 Email: _____ Mother's Maiden Name: _____

Joint (or Authorized Signer):

Name: _____ Member #: _____
 Address: _____
 Home Phone: _____ Cell: _____
 Email: _____ Mother's Maiden Name: _____

Order Card For:	Primary	First Joint	Second Joint
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Account Type:	Youth	Adult	New Leaf	HSA	Savings Only
Savings Only #	_____	OR	Checking #	_____	& Savings # _____
ATM Options:	Limited	Unlimited	Regal		
Account Updater (ONLY check if Opting Out)			Opt-Out		
ACMG Employee/BOD		___	Review Digital Wallet		

Card Delivery Method:

Instant Issue
 Primary address on file
 Alternate address on file
 ACMG Solvay Branch
 ACMG Valley Branch (rush cards only)
 One-time Alt. Address: _____
 Rush Card - Fee Charged to Mbr # _____ & Share# _____

By signing below, you agree to the terms and conditions in ACMG's Disclosures provided to you. I/We understand that ACMG may investigate my/our eligibility for a debit card by utilizing ChexSystems.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Credit Union Use Only

Qualifile _____ OK to Order Adverse Action Sent _____

Primary Card ordered 4 1 6 7 7 6 _ _ _ _ _

Joint Card ordered 4 1 6 7 7 6 _ _ _ _ _

Joint Card ordered 4 1 6 7 7 6 _ _ _ _ _

Fee Charged Fee Waived - Manager _____

Done By: _____ Date: _____ Audited By: _____ Date: _____