



ATM/Debit Card Application

Account # _____

Date: _____

Account Owner

Social Security Number: _____

Address

City, State, Zip

of Cards: ATM Card _____ or Debit Card _____

Name(s) on Card(s): _____

Joint Owner Social Security Number (if applicable): _____

Add Overdraft Coverage

☐

I want AAEC Credit Union to authorize and pay overdrafts on my ATM and debit card transactions. I understand that there will be a fee of \$15 each time AAEC pays an overdraft.

Remove Overdraft Coverage

☐

I do not want AAEC Credit Union to authorize and pay overdrafts on my ATM and debit card transactions. Transactions may be declined.

How can we contact you for suspicious activity or fraud? Choose one option.

☐

Allow automated phone calls and text messages.

☐

Allow automated phone calls only.

☐

Don't allow automatically dialed phone calls or text messages. We may call you directly.

Cell Phone #: _____

Landline #: _____

Joint Owner Cell Ph #: _____

Joint Owner Landline #: _____

Account Owner Signature

Joint Account Owner Signature