

# ATM APPLICATION

## APPLICANT

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ WorkPhone \_\_\_\_\_

## CO-APPLICANT

Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
(if different than above)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please list the accounts you want your ATM card to be attached to.

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_

Number of cards for applicant \_\_\_\_\_ co-applicant \_\_\_\_\_

Signatures: By signing below, the undersigned requests the described services and agrees to the terms and conditions governing the services, including any fees and charges. The undersigned agrees 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_