



DEBIT/ATM APPLICATION

Please print this form, fill it out and fax to:
(724) 375-1938

General Information

Will there be a co-applicant on this application: Yes No

I am interested in:
 ATM Card Only
 ATM and Check/Debit Card

Primary Applicant

Member Number: Checking Account Number:

How your name should appear on card

Last Name: Middle Name:
First Name: Social Security Number (TIN):
Date of Birth: Home Phone Number:
Work Phone Number: Other Phone Number:
Email Address: Drivers License #:
Drivers License State: Mother's Maiden Name:
Present Employer Name:

Home Address

Address 1:

Address 2:

City: State, Zip:

Co-Applicant

Last Name: Member Name:
First Name: Middle Name:
Social Security Number (TIN): Date of Birth:
Home Phone Number: Work Phone Number:
Other Phone Number: Email Address:
Drivers License #: Drivers License State:
Mother's Maiden Name: Present Employer Name:

Home Address

Address 1:

Address 2:

City: State, Zip:

Additional Information

How would you like to be contacted?
 Home Phone
 Work Phone
 Other Phone
 Email Address
 Other:

Special Instructions/Comments:

Signatures

Primary Account Signature: Date:

Co-Applicant Signature: Date:

Special Instructions/Comments:

Signature

The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.

Signature:

Date:

If this is for a joint account
print this page and then click here for the co-applicant form.