



USPLK Employees Federal Credit Union

16055 Santa Fe Trail Leavenworth KS 66048

913-682-2928 Fax 913-682-2991

www.usplkefcu.org

ATM/Debit Card Application

Member Number: _____

Applicant Name: _____

Co-Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: __ (____) _____

Applicant Social Security #: _____ - _____ - _____

Co-Applicant Social Security #: _____ - _____ - _____

Employer: _____

Employer Address: _____

I hereby certify that the information provided herein has been supplied truthfully, accurately, and voluntarily. I authorize USPLK Employees Federal Credit Union to make inquiries, credit or otherwise as deemed necessary to evaluate my application at their discretion. By signing this agreement, I understand that I am liable for all transactions of any kind performed by myself, or anyone to whom I entrust with my Debit/ATM Card. I agree that use of my card constitutes as consent to each agreement, rule, or regulation USPLK Employees Federal Credit Union has in effect governing such use. I am consenting to notifications via auto-dialer and/or text message from USPLK Employee Federal Credit Union's fraud department in reference to my ATM/Debit card when necessary.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

ATM _____

ATM/DEBIT _____