



101 Chesapeake Park Plaza • Baltimore, MD 21220  
410-687-5240 • 800-410-0501  
lmfcu.org

### ATM CARD APPLICATION

C.U. ACCOUNT NUMBER: \_\_\_\_\_

PRIMARY MEMBER NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

CELL # \_\_\_\_\_ HOME # \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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JOINT OWNER NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ DOB \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

IS JOINT OWNER ON SHARE ACCOUNT? \_\_\_\_\_

(If joint is not on share account, he/she cannot access the share/savings with the ATM card.)

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The information provided above is given so that the undersigned member(s) may obtain a LM Federal Credit Union ATM card. I/we certify that the information is true and correct and authorize the Credit Union to verify it, obtain more information about my/our credit and deposit history, and furnish such information to others. I/we understand and agree that anyone in possession of my/our ATM card may access my/our account(s) through use of the ATM card. I/we agree to use the ATM card in accordance with current and future rules and regulations as provided by the C.U. I/we understand that ATM access privileges may be revoked for cause at any time by the C.U.  
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PRIMARY MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

JOINT OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_