

Parkview Community Federal Credit Union  
ATM/Check Card Application

IN ORDER TO ISSUE A PERSONALIZED, INDIVIDUAL CARD TO BOTH SIGNERS OF  
A JOINT ACCOUNT, EACH OWNER MUST COMPLETE AND SIGN THIS APPLICATION.

**Please print clearly.**

Member \_\_\_\_\_ Soc. Sec.# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Member \_\_\_\_\_ Soc. Sec.# \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Address \_\_\_\_\_

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

Telephone (Day) \_\_\_\_\_ Telephone (Evening) \_\_\_\_\_

**Select one from the following:**

- The following Share (Savings) account # \_\_\_\_\_ will be accessed for ATM use **only**.
  
- The following Share (Savings) and Share Draft (Checking) account # \_\_\_\_\_ will be accessed for ATM and Check Card use.

**Authorizations:** By signing below, I (we) am (are) applying for a Parkview Community FCU ATM/Check Card. I (we) understand this is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my (our) Parkview Community FCU savings or checking account (s), whichever applies. I (we) authorize Parkview Community FCU to verify the information provided above and to request a credit report if necessary. The Parkview Community FCU ATM/Check Card is available for qualified members only. Other requirements apply. I (we) agree to be bound by the terms and conditions covered in the Account Agreement of Parkview Community FCU.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY:**

ChexSystems Verification Done By \_\_\_\_\_ On \_\_\_\_\_

Card Ordered By \_\_\_\_\_ On \_\_\_\_\_

Card # \_\_\_\_\_