## **Debit Personal Identification Number Application**

Please read this application completely. Supply the information requested below, then sign and date the application. If you wish to have an access card and PIN issued to a joint user, complete that section below and read and sign the Joint User Agreement. After you receive the system generated PIN you will be able to change it by following the directions on the PIN mailer. See Electronic Banking disclosure for any associated fees.

Name	Member Number		
Address			
City, State, Zip			
Home Phone ( )	Cell Pho	one for fraud alerts ( )	
Soc. Sec. #	Birth date	Email:	
I agree to pay all f	ees and collections cost	s associated with the use of this card.	
Member's Signatu	re	Date	
	<b>Joint User</b>	Information	
Name		Member Number	
Address			
City, State, Zip			
Home Phone ( )	Cell Pho	one for fraud alerts ( )	
Soc. Sec. #	Birth date	Email:	
Joint User Signatu	ire	Date	
	Agreement	to have a Joint User	
Read and sign the fol	lowing agreement if you w	vish to have an access card issued to a joint user.	
to the person so designate limited to my share, check designated automated tellor may be revoked by me at the Credit Union at the revocation and accepted by	ed. I understand that as an aut king, line of credit loan or any er machines and point of sale to any time in writing, and that the time of revocation. Authoriz	/POS access card issued under my account number and name horized joint user, he/she will have full access to, but not be other accounts accessible with my card from time to time at erminals. I understand and acknowledge that this agreement ne access card issued to the joint user must be surrendered to ed transactions performed by joint user, up to the date of alid and binding on my account pursuant to all terms of this unds transfer disclosure.	
Member's signature		Date	
(Card issuance fee			

Return to: Rediform Federal Credit Union ~ 3236 Lockport Road ~ Niagara Falls, NY 14305