

Fax to 908-245-0680 or e-mail as an attachment to applications@atlfedcu.com

ATM/VISA®Check Card Application

ATM/VISA®Check Card Application	
Please Check One: <input type="checkbox"/> ATM Card <input type="checkbox"/> VISA®Check Card	
Your PIN is randomly selected and will be sent in a separate mailing.	
Account Number_____	
Member Name_____	
Address (No P.O. BOX) _____	
City_____	State_____ Zip_____
Date of Birth_____	
Phone No._____	
E-mail_____	
Do you want a card in joint owner's name? <input type="checkbox"/> yes <input type="checkbox"/> no	
Joint Member Name_____	
Address _____	
City_____	State_____ Zip_____
To apply for an Atlantic FCU VISA®Check Card, you must have an Atlantic FCU Checking Account. If you would like 24-hour ATM Access and do not have an Atlantic FCU Checking Account, your application will be processed for an Atlantic Federal CU ATM Card.	
Member Signature & Date_____	
Joint Member Signature & Date_____	