



ATM/Debit Card Application

Please Check One: Debit Card ☐ ATM Card ☐

NOTE: Primary Owner Signature is required if Joint Owner is the only one applying for an ATM or Debit card

Applicant	
Name	Account Number
Address (street, city, state, zip)	
Daytime Phone #	Email Address
Co-Applicant	
Name	Account Number
Address (street, city, state, zip)	
Daytime Phone #	Email Address

I/We promise that everything stated in this application is correct to the best of my/our knowledge. I/We authorize Michigan Legacy Credit Union to verify or obtain further information that the credit union may deem necessary concerning my credit history, including a credit report. By signing this application you agree that you cannot transfer your card to another person. The PIN issued to you is for your security purposes and is to be kept confidential and should not be disclosed to third parties or recorded on or with the card. You are responsible for the safekeeping of your Card and PIN. Michigan Legacy Credit Union reserves the right to repossess the card at any time at our discretion if we determine that you failed to maintain the security of your Card and PIN.

_____ Date _____

Applicant/Primary Owner Signature

I understand that I am liable for transactions that are made by the above Applicants. As the Primary Owner of this account I authorize the Applicant(s) to have the requested:

Debit Card ☐ ATM Card ☐

_____ Date _____

Co-Applicant/Joint Owner Signature