

## Application for an APCU ATM Card

Date: \_\_\_\_\_

Name (1): \_\_\_\_\_

Name (2): \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Signature(s):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Savings Account No.: \_\_\_\_\_

Note: Two signatures are required to receive two cards.

Signature(s) of applicant(s) acknowledge receipt of disclosures as required by the Electronic Funds Transfer Act (Regulation E).

Mail to:

APCU • ATM Card Coordinator

PO Box 89

Macon, GA 31202

FOR OFFICE USE ONLY: Authorized by \_\_\_\_\_ Date \_\_\_\_\_