

# ATM/Check Card & Phone/Internet Banking



- **Just fill out,**
- **fold, tape & mail!**

**REQUIRED**



Which would you rather carry?



-NOTARY-

Please check the service(s) for which you are applying >>

- a Visa Check Card
- an ATM Card
- Phone/Internet Banking

Name	
Account Number	
Street Address	
City, State, Zip	
Phone	
Hm:	Wk:
Employer	

If a joint owner is to receive an ATM/Check card, please complete:

Joint Owner Name
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## ATM or Check Card Application

PLEASE READ THE ONLINE TERMS AND CONDITION FOR ATM/CHECK CARD COMPLETELY. (CLICK HERE)

BY SIGNING BELOW, I (WE) AGREE TO COMPLY WITH AND UNDERSTAND THE TERMS AND CONDITIONS OF THE ATM/CHECK CARD AND THE ELECTRONIC FUNDS TRANSFER DISCLOSURE. (CLICK HERE)

THE SIGNATURE(S) BELOW INDICATE(S) THAT I (WE) RECEIVED A COPY OF THE APPLICATION WITH THE ELECTRONIC FUNDS TRANSFER DISCLOSURE.

Member Signature	Date
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Joint Owner Signature	Date
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## Phone/Internet Banking Application

PLEASE READ THE ONLINE TERMS AND CONDITION FOR PHONE BANKING COMPLETELY. (CLICK HERE)

BY SIGNING BELOW, I (WE) AGREE TO COMPLY WITH AND UNDERSTAND THE TERMS AND CONDITIONS OF THE PHONEBANKING AND THE ELECTRONIC FUNDS TRANSFER DISCLOSURE. (CLICK HERE)

THE SIGNATURE(S) BELOW INDICATE(S) THAT I (WE) RECEIVED A COPY OF THE APPLICATION WITH THE ELECTRONIC FUNDS TRANSFER DISCLOSURE.

Member Signature	Date
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Joint Owner Signature	Date
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**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 184 PENSACOLA, FL

POSTAGE WILL BE PAID BY ADDRESSEE

MembersFirst Credit Union of Florida  
 P.O. Box 12983  
 Pensacola, FL 32591-2983  
 Attn: Marketing



NO POSTAGE  
 NECESSARY  
 IF MAILED  
 IN THE  
 UNITED STATES