

# USPLK Employees Federal Credit Union

16055 Santa Fe Trail Leavenworth KS 66048

913-682-2928 Fax 913-682-2991

## ATM Card Application

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Member Number: \_\_\_\_\_

I hereby certify that the information provided herein has been supplied truthfully, accurately, and voluntarily and I authorize USPLK Employees Federal Credit Union to make whatever inquiries, credit or otherwise, USPLK Employees Federal Credit Union feels necessary to evaluate my application. I agree to be liable for all transactions of any kind performed by myself or anyone to whom I entrust my Card. I agree that use of my card constitutes consent to each agreement, rule or regulation of USPLK Employees Federal Credit Union then in effect governing such use.

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

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