



Blue Water Federal Credit Union

ATM / Debit Card Application & Replacement Card or PIN Request Form

Form Instructions: To apply for an ATM/Debit Card, please complete Section A. If you are requesting a replacement card or PIN request, please complete Section B. Please return this form to the credit union.

- Bring it into the credit union office.
- Fax to: (810) 985-4039
- Email to: member.services@bluewaterfcu.org
- Mail to: Blue Water Federal Credit Union
526 Water St Ste 113
Port Huron, MI 48060

SECTION A: New Card Request – Application Information

Applying For: <input type="checkbox"/> ATM Card <input type="checkbox"/> Debit Card (requires a checking account)		Have you moved in the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If yes, you will be contacted by a credit union representative for verification.</small>	
PRIMARY OWNER'S NAME		SOCIAL SECURITY #	ACCOUNT NUMBER
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
JOINT OWNER'S NAME (IF APPLICABLE)		SOCIAL SECURITY #	ACCOUNT NUMBER
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	

Please issue an ATM/Debit Card and PIN for access to my credit union accounts. I authorize the credit union to verify or obtain further information that the credit union may deem necessary concerning my credit history, including a credit report. If this application is approved, and an ATM/Debit Card is issued, the undersigned applicant(s) by signing, or permitting another to use the ATM/Debit Card, agree to be bound by the terms and conditions of the Electronic Services Agreement and Disclosures and all amendments. The undersigned hereby acknowledges that the signing, using, or permitting another to use the ATM/Debit Card represents an acknowledgment of the receipt of the Electronic Services Agreement and Disclosure and all amendments, and further represents the acceptance of the terms and conditions of the Electronic Services Agreement and Disclosure and all amendments. Use of your ATM/Debit Card will constitute proof of your acceptance of these terms and conditions.

Overdraft Protection Notice for MasterCard Debit Card Transactions

Authorized debit card transactions are based on funds in your account at the time of use. In the event funds are not available in your account at the time of settlement, you will be assessed an overdraft fee, as noted in the Credit Union's Schedule of Fees and Charges. Use of your debit card constitutes acceptance of the Credit Union's terms and conditions for card usage. If, at a later date, you wish to "opt-out" of Overdraft Protection Coverage, please contact a BWFCU Representative.

Your signature(s) on this form will constitute an agreement that use of the card will be governed by our Electronic Funds Transfer Service Agreement.

PRIMARY OWNER SIGNATURE X	DATE
JOINT OWNER SIGNATURE X	DATE

Personal Identification Number: The card issuance system will generate your confidential personal identification number (PIN).

SECTION B: Replacement Card or PIN Request Information

If you are requesting a replacement ATM or Debit Card, or have forgotten your personal identification number (PIN) and are requesting a PIN reissue, please complete and sign the form below.

- PIN Replacement*
- Replacement Card*
Reason for replacement card, if applicable (check one): Lost Card Stolen Card Damaged Card Unauthorized Use/Fraud Other
- Check here if you are requesting a **rush order**.* (4 business days from order date)
\$45.00 fee – per card.
Sending to address on file requires signature at delivery or it can be sent to the credit union. Initial here for it be sent to CU: _____.

*I understand that my account will be charged/debited any applicable fees as outlined in the credit union Fee Schedule.

PRIMARY OWNER SIGNATURE X	DATE
JOINT OWNER SIGNATURE X	DATE

CREDIT UNION USE ONLY

Approved Approved for ATM Card Only Denied Date _____ x _____ x _____

Daily Limit: ATM \$ _____ POS \$ _____ Input by _____ Date _____ Mailed to CH: Letter Limits/Fees Info O/D Services Discl.
 MC SecureCode™ TOS EFT Service Agreement