

# REQUEST FOR SHARE DRAFT/ATM DEBIT CARD    HOWARD COUNTY EDUCATION FCU

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_     INDIVIDUAL     JOINT

SS# \_\_\_\_\_    BIRTH DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_

SHARE DRAFT (CHECKING ACCOUNT)     ATM/DEBIT CARD

By signing this account card I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. I/we authorize HCE FCU to obtain a consumer report to evaluate my credit worthiness if applicable.

X \_\_\_\_\_  
SIGNATURE (PRIMARY MEMBER)    DATE

X \_\_\_\_\_  
SIGNATURE (JOINT MEMBER)    DATE

EMAIL ADDRESS \_\_\_\_\_    PHONE NUMBER \_\_\_\_\_

ATTENTION MEMBER:    In addition to signatures please also submit a copy of your driver's license.

You may return this by FAX: 410-461-4691 or by Email: [info@hctafcu.org](mailto:info@hctafcu.org)  
If you have questions please contact us at 410-461-2257

## FOR CREDIT UNION USE ONLY

Opened and approved by \_\_\_\_\_    Date \_\_\_\_\_

Member verification \_\_\_\_\_