

WEMELCO Credit Union ATM Application

Complete this application to receive your ATM card(s).

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ D.O.B. _____

Telephone # (Day) _____ (Evening) _____

I wish to access the following account(s):

Checking/Share Draft Acct # _____

Primary Share/Savings Acct # _____

**Please complete the following
if you would like a joint owner to receive an ATM card.**

Joint Owner Signature _____ Checking Savings

Print Name _____

Joint Owner Signature _____ Checking Savings

Print Name _____

**I understand that I/we are the only individual(s)
authorized to use the ATM card.**

Signature _____ **Date** _____