

Kellogg Community Federal Credit Union

ATM or ATM & Check Card Form

New _____ Joint _____ Replacement _____ Reapplying _____ Change _____

This application must be completed and signed by the primary member on the account. Only one joint member on the account may receive an ATM or ATM & Check Card. All persons applying authorize KCFCU to obtain a copy of their current Credit Report. Applications may be brought into one of the KCFCU locations, faxed or mailed to: Kellogg Community Federal CU, P O Box 140, Battle Creek, MI. 49016, fax number 269-968-9241.

[Click here](#) for Truth-in-Savings Rate and Fee Disclosure.

Please Print

Account Number _____

Primary Member _____ Joint Member _____

Address _____ City _____

State _____ Zip _____ Home Phone # _____ Work Phone _____

I request the following suffixes: To be Added _____ To be Deleted _____

Savings (00) _____ Secondary Savings *(01) _____ Checking (03) _____ Money Market *(04) _____

***Can only be accessed on Kellogg Community Federal Credit Union ATMS.**

I request a withdrawal limit of:

\$100.00 _____ \$200.00 _____ \$300.00 _____ \$400.00 _____ \$500.00 _____

I agree to keep my PIN (personal identification number) confidential. I will not write my PIN on my card or any other item, which may be kept with or near my ATM or ATM & Check card. I understand that I may be responsible for any loss of funds if I do not follow the above items. By signing below, I (we) agree to the terms and acknowledge receipts of the Membership and Account Agreement which includes disclosures on Electronic Funds Transfers and Funds Availability.

Member Signature _____ Date _____

Joint Signature _____ Date _____

*I agree to be responsible for the card issued to the above minor x _____

For Office Use Only

Reason: Normal Wear & Tear _____ Was old card destroyed: Yes _____ No _____ Charge Suffix _____

Approved: Yes _____ No _____ Reason _____ Approved By _____ Date _____

Check Card: Number _____ Offset _____ VCRD _____ ATEX _____

ATM Card: CARD _____ KCFCU Staff _____ Date _____ Disclosure _____