

Please check which box applies

ATM

(for savings and checking cash withdrawals
at Automated Teller Machines)

Check Card

(for savings and checking cash withdrawals
at Automated Teller Machines and
point-of-sale debit from checking)

Last Name (primary card holder) _____

First _____ MI _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

SS# _____

Home Phone Number _____ Work Phone Number _____

Are you a current Bluestone Federal Credit Union Member? _____

If so, membership account #: _____

Do you have a current Bluestone Federal Credit Union
Share Draft (checking account) _____

OFFICE USE ONLY

VISA Check Card Number

Limit Amount _____

ATM Card Number

Limit Amount _____

FOR JOINT ACCOUNT ONLY

Last Name (primary card holder) _____

First _____ MI _____

SS# _____ Date of Birth _____

Home Phone Number _____ Work Phone Number _____

Primary Cardholder Signature _____ Date _____

Secondary Cardholder Signature _____ Date _____

The Instant Cash Check Card is linked to your Checking and Savings account for any ATM usage. Purchases made with this card will be debited to your checking account only.

I agree by signing this that I will be subject to the terms and conditions issued by Bluestone Federal Credit Union and may be subject to a credit check.