

## **ATM/Debit Card Application**

Account #		Date:
Account Owner		Social Security Number:
recount o wher		
Address		City, State, Zip
# of Cards: ATM Card	or Debit Card	
Name(s) on Card(s):		
*********	*******	**************
Add Overdraft Coverage	I want AAEC Credit Union to authorize and pay overdrafts on my ATM and debit card transactions. I understand that there will be a fee of \$25 each time AAEC pays an overdraft, plus an additional fee of \$5 each day that my account remains overdrawn. There is no limit on the total fees that may be assessed.	
Remove Overdraft Coverage		C Credit Union to authorize and pay overdrafts on my transactions. Transactions may be declined.
**************************************		**************************************
Allow automated phone ca	lls and text messages.	
Allow automated phone ca	lls only.	
☐ Don't allow automatically	dialed phone calls or te	xt messages. We may call you directly.
Cell Phone #:		Landline #:
Joint Owner Cell Ph #:		Joint Owner Landline #:
*********	*******	***************
Account Owner Signature		Joint Account Owner Signature