

**TAHQUAMENON AREA
CREDIT UNION**

THREE CONVENIENT LOCATIONS

NEWBERRY

7693 State Highway M123
Newberry, Michigan 49868
Phone: (906) 293-5117
Toll Free: (800) 575-5117

PICKFORD

115 East Harold Street
Pickford, Michigan 49774
Phone: (906) 647-8111

RUDYARD

18829 South Mackinac Trail
Rudyard, Michigan 49780
Phone: (906) 478-4281



ATM

Your key to
convenience.

**TAHQUAMENON AREA
CREDIT UNION**

PO Box 485
NEWBERRY, MICHIGAN 49868

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ATM APPLICATION

ATMs PROVIDE AROUND THE CLOCK BANKING ANYTIME, ANYDAY IN TOWN OR AWAY

Your Credit Union ATM card lets you make deposits and withdrawals whenever you want. Getting cash couldn't be more convenient. You can withdraw up to \$1000.00 each day.

Your accounts are secure with an ATM card, because you have a Personal Identification Number (PIN) that becomes your signature to the ATM machine. Without your PIN, your card will not work.

You decide which accounts you want to access with your ATM card, share account, share draft account, or both. It couldn't be easier.

Speaking of easy, your card will allow you to access your accounts at hundreds of locations across the nation. It's simple, just look for an ATM machine that displays one of these logos:



*REQUIRED FIELD

*APPLICANT NAME (Please print) _____ *SOCIAL SECURITY NUMBER _____

*STREET ADDRESS _____ *MOTHER'S MAIDEN NAME _____

*CITY AND STATE _____ *ZIP CODE _____

*HOME TELEPHONE NUMBER _____ OTHER TELEPHONE NUMBER _____ *DATE OF BIRTH (Applicant must be 18 years of age to qualify) _____

JOINT APPLICANT (If applicable) _____

STREET ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____ DATE OF BIRTH (Applicant must be 18 years of age to qualify) _____

Primary accounts to be accessed through my/our ATM card

- Share Account
- Share Draft Account

APPLICANT'S ACCOUNT NUMBER

APPLICANT'S ACCOUNT NUMBER

Member Signature: By signing below, I/we authorize Tahquamenon Area Credit Union to issue an ATM card to be used in connection with my/our accounts. I/we assume responsibility for all transactions made with the ATM card. I/we have read and agree to the terms and conditions retained in my/our possession hereof.

*APPLICANT'S SIGNATURE DATE

JOINT APPLICANT'S SIGNATURE DATE

ATM CARD NUMBERS

APPLICANT

JOINT APPLICANT

DO NOT WRITE BELOW THIS LINE

APPLICATION APPROVED _____ DATE _____

APPLICATION DENIED _____ DATE _____

REASON _____
