

27000 Evergreen Road

Lathrup Village, MI 48076 Phone: 248-443-4600, 313-345-7200, 800-664-3828 Fax: 248-443-4280

www.michiganfirst.com

## ATM/Debit Card Order Form

Instructions: Type in the fields below. Your signature must be handwritten. Print the form and return it to Branch Support via fax: 248-443-4282 or mail to Michigan First Credit Union, Attn: Branch Support, 27000 Evergreen Road, Lathrup Village, MI 48076.

Choose the card you	want to order:			
ATM Debit (c	hecking account required)			
Choose which applie	s:			
New Application	Reorder*			
Choose your paymer	nt option:			
Standard Fee	Rush Fee Use my Money Perks Points			
*Replacement fee will I	pe deducted from your account. Refer to the Fee	e Schedule.		
Primary Account Hol	der	Joint Account Holde	r	
Account Number:		Account Number:		
First Name :		First Name :		
Middle Name :		Middle Name :		
Last Name:		Last Name:		
Address:		Address:		
City:		City:		
State:	Zip Code:	State:	Zip Cod	de:
Date of Birth:		Date of Birth:		
Phone Number:		Phone Number:		
I/We agree that this application amends the previously signed Membership Card and is subject to the terms and conditions of the Membership Account Agreement, Fee Schedule, and Funds Availability Policy Disclosure and to any amendments the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of the Agreements and Disclosures applicable to the accounts and services requested above if an ATM Card or MasterCard Debit Card is requested and provided. I/We agree to the terms and acknowledge receipt of the Electronic Funds Agreement. I/We hereby authorize Michigan First Credit Union to check my/our employment and credit history and to obtain credit reports in connection with this application. I/We understand that there will be a fee for card re-issue if card was captured due to abuse. Please see Fee Schedule for current list of fees.  Signature  Date:				
For Credit Union U	lse Only	_		
Employee #		Date:		