



ATM/Debit Card Application

Form must be completely filled out in order to process information.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Member (MAIN) Number: _____ Checking Account Number: _____

For security reasons, your PIN (Personal Identification Number) will be computer-generated, unless you are in person at one of our branches.

Joint Name: _____

Social Security Number: _____ Email: _____

Home Phone: _____ Cell Phone: _____

I hereby authorize Carolina Collegiate Federal Credit Union to send validated access cards to me to initiate Electronic Funds Transfers using the above accounts. Use of this card will be proof of my acceptance of the terms and conditions of the Account Agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY		
<input type="checkbox"/> Reissue Card	<input type="checkbox"/> Reissue PIN (\$5 Fee)	<input type="checkbox"/> Lost Card (\$10 Fee)
Reason: _____		
Card Number: _____		
Staff Initials: _____		Date: _____

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209

710 Pulaski Street, Columbia, SC 29201

University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303