ATM/Debit Card Application

Thank you for your interest in the Family Horizons Credit Union ATM/Debit Card. Please complete the non-shaded areas of the application below and return to:

Family Horizons Credit Union
ATTN: ATM Department
6665 East 21st Street
Indianapolis, IN 46219

Note: A separate application is required for each cardholder. If you have any questions regarding the ATM/Debit Card, please contact our ATM Department by email at ATM_Check_Cards@familyhorizons.com or by telephone at 317-352-0423.

Family Horizons Credit Union
ATM/Debit Card Application

New Card #: 4 4 7 7 2 4 ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

☐ Add Like Existing Card #: 4 4 7 7 2 4 __ __ __ __ __ __ __ __ __ __

Last Name	First Name	Initial

Street Address	Mother's Maiden Name

City	State	Zip Code

Social Security Number	Date of Birth	Home Phone	Work Phone

I wish to access the following account(s) with my card: (Check all that apply.)

Member #: ___ ___ ___ ___ ___ ___ ☐ Primary Checking ☐ Primary Savings ☐ Primary Savings

_____ Applicant's Signature

_____ Date

For Credit Union Use Only:

Received: _____ / _____ Star Entry: _____ / _____ XP Entry: _____ / _____
date initials date initials date initials

Card Expiration _____ Month/Year

Family Horizons CREDIT UNION