

ATM/Check Card Application

We appreciate your interest in a Truliant ATM/Check Card. Simply complete, print and sign the following application and return it to the Credit Union at the address or fax number provided. Thank you for choosing Truliant for all of your financial needs.

Please Select One: **ATM Card Only** **Check/ATM Card**

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Employer _____

Social Security # _____

2nd Card

Joint Owner's Name _____

For Check Card applications: By signing below you authorize the Credit Union to obtain information concerning your credit standing. ATM and Check Card issuance is subject to Credit Union approval.

Signature of owner _____

Joint Owner Signature (must be joint on accounts)

Date _____

Choose your own PIN Number

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Mail or Fax to: Truliant Federal Credit Union
P.O. Box 26000
Winston-Salem, NC 27114-6000
Fax No. 336-659-5381
