



FEDERAL CREDIT UNION
P.O. BOX 65
201 VARICK ST
NEW YORK, NY 10014
www.abefcu.org

BRANCH LOCATIONS

Hudson Square
New York, NY
212 456-1064

680 Birch Street
Bristol, CT 06010
860 766-2622

1717 DeSales Street NW
Washington, DC 20036
202 222-7444

190 N. State Street
Chicago, IL 60601
312 899-4104

4151 Prospect Avenue
Los Angeles, CA 90027
323 671-4515

2300 Riverside Drive
Burbank, CA 91521
818 460-5036

2312 West Olive Avenue
Suite A
Burbank, CA 91506
818 840-0500

Corporate Headquarters
7-11 Front Street
Rockville Centre, NY 11570

ABE Online Banking
www.abefcu.org

DEBIT/ATM CARD APPLICATION

Check **one** of the following:

____ Requesting an ATM Card(s)

____ Requesting a Debit Card(s) (Requires a Checking Account)

Member Information

Account Number: _____

Member Name: _____

Joint Owner Name: _____
(If Applicable)

Home Phone # _____ Work Phone # _____

Mobile Phone # _____ E-mail Address: _____

I (we) authorize ABE Federal Credit Union to send me (us) an ATM or Debit Card. I (we) have received a copy of the Disclosure of Terms and Conditions for Electronic Funds Transfer Transactions (EFT Disclosure). My (our) first use of the ATM card or Debit Card will mean I (we) agree to all the terms and conditions contained therein. I (we) understand that my (our) ABE Federal Credit Union account must be in good standing to qualify for the Debit Card and further understand that if I (we) do not qualify for the Debit Card, you will send me (us) an ATM card if I (we) do not already have one.

Member Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____
(If Applicable)

For ABEFCU Use Only:

Form was (Check One) _____ Mailed _____ Accepted at ABE Branch

Branch Location: _____ Teller # _____

Approved By: _____

____ ATM Card(s) Issued

____ Debit Card(s) Issued

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