



FEDERAL CREDIT UNION
P.O. BOX 4002
ANSONIA STATION
NEW YORK, NY 10023
www.abefcu.org

ABE DEBIT/ATM CARD APPLICATION

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

BRANCH LOCATIONS

77 West 66th Street
 New York, NY 10023
 212 456-1064

125 West End Avenue
 New York, NY 10023
 212 456-5344

680 Birch Street
 Bristol, CT 06010
 860 766-2622

383 Middle Street
 Bristol, CT 06010
 860 766-5280

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
 Burbank, CA 91506
 818 840-0500

ABE AUDIO RESPONSE

516 763-7580
 800 ABE-3002

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 # _____ Email 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 of 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's Signature _____ Date _____

Joint Owner Signature _____ Date _____
 (If Applicable)

For ABEFCU Use Only:

Form was (Check One) ___ Mailed ___ Accepted at ABE Branch Location

Branch Location _____ Teller # _____

Approved By _____

___ ATM Card(s) Issued

___ Debit Card(s) Issued