

## **DEBIT/ATM CARD APPLICATION**

## **BRANCH LOCATIONS**

77 West 66th Street New York, NY 10023 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

**ABE AUDIO RESPONSE** 516 763-7580 800 ABE-3002

Check <b>one</b> 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 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 Signature:	Date:
Joint Owner Signature:(If Applicable)	Date:
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
	Rev.9/24