



ATM/Debit Card Request Form

Owner/Card Information			
First Name	Last Name	Account No.	
ATM/Debit Card No.			
Home Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone #	Cell Phone #		

Change Requested			
Please check all appropriate request(s):			
<input type="checkbox"/> Increase Limit	From_	To_	Limit Increase Amount \$_____
<input type="checkbox"/> Travel Notification	From_	To_	Travel Location _____

Signature
<p>In consideration, I agree to hold PVCU harmless and indemnified from and against any and all, and not limited to, ATM and cash advance fees, penalties, loss, costs, damage and expense, including court costs and attorneys' fees, PVCU may sustain by issuing this card.</p> <p>I guarantee the repayment thereof, and authorize PVCU to charge my account stated in Section B and any of my credit union accounts and/or bill me at my address on file to satisfy such liability.</p> <p>By completing and submitting this form, you agree to the PVCU's Electronic Services Agreement Terms and Conditions outlined in the Account Agreement and Disclosures.</p>

Cardholder Signature	Date
Parental/Legal Guardian Signature (If Cardholder is under age 18)	Date

Internal Use Only		
Requested by (MSR/Teller/Loan Officer)	Date	Notes
Operations Rep	Date Processed	Notes