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ATM CARD APPLICATION

ATM Card # **| 6 | 4 | 2 | 4 | 5 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |**

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Savings Account # _____

Driver's License # _____

Date of Birth _____

Social Security # _____

The Telephone Consumer Protection Act (TCPA) is requiring your consent to use the phone numbers on file with your account, especially the cell phone number. In the case of time sensitive issues, such as potential fraud or suspicious electronic transactions; the fraud department must be able to get a hold of you. Your privacy is the utmost importance to ODJFS Federal Credit Union. We would never give your phone numbers to any one without your permission.

Please mark the box:

I GIVE CONSENT

By signing below, I acknowledge that the information is correct. I also acknowledge that I have received the Cardholder Agreement and accept the terms and conditions therein.

X Signature _____

Credit Union Representative Only:

Received By: _____ Branch: _____ Date: _____

Approved By: _____ Branch: _____ Date: _____

Denied By: _____ Branch: _____ Date: _____

New members (30 days or less) must have record pulled by ChexSystems before issuing an ATM card.