Alliance VISA Debit Card & ATM Card Application

I/We am/are applying for (Check One Box)

[] YES! I want an Alliance Debit Card (It works like a check...only better, for the convenience of an

(It works like a check...only better, for the convenience of an ATM card with the benefits of a checkbook. This includes access to Tel-A-Connect, Alliance's audio response system.)

[] YES! I want an Alliance ATM Card (this includes access to Tel-A-Connect, Alliance's audio response system.)

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I/We authorize you to verify my/our credit and employment history and furnish the information to others. I/We understand that receiving an Alliance Visa Debit Card is contingent upon a credit check and if I/we do not qualify for the Alliance Visa Debit Card, and Alliance ATM Card will be issued to me/us. I/We agree to the terms of the Alliance Visa Debit Card Agreement and all amendments, a copy of which will be sent to me/us prior to receiving the card. I/We acknowledge that signing, using or entrusting the card to another individual further represents acceptance of the terms and conditions set forth by the credit union. The Agreements that apply to my/our above deposit accounts apply to all Debit Card transactions made on these accounts. I/We understand that all deposit accounts accessed by this Alliance Visa Debit Card must have the same ownership or liability. If I/we am/are not approved for the Alliance Visa Debit Card, I/we agree that this application will be considered for an Alliance ATM Card.

[] Individual Account	or [] Joint Account
Member / Owner	
Street Address	
City, State, Zip	-
	Bus
Employer	
Soc. Sec. No	
	State
Mother's Maiden Name	
Joint Owner (2)	
Relationship to Member	
Soc. Sec. No	
Driver's Lic. #	State
I/We have received a copy o conditions of the Account Agre Availability Disclosure, Privacy S	

Date

Date

Owner X

Joint Owner X