

Roswell Credit Union Debit/ATM Card Application

Please print this form, and fax it to 575-622-2340

General Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I am interested in: <input type="checkbox"/> ATM Card Only <input type="checkbox"/> ATM and Debit Card	
Primary Applicant:	
Member Number:	
First Name:	Last Name:
Social Security Number:	Date of Birth:
Phone Number:	Phone Number:
Address:	City, State, Zip:
Email:	Mother's Maiden Name:
Present Employer:	Driver's License #:
Co-Applicant:	
First Name:	Last Name:
Social Security Number:	Date of Birth:
Phone Number:	Phone Number:
Address:	City, State, Zip:
Email:	Mother's Maiden Name:
Present Employer:	Driver's License #:
PIN Number Selection:	
Primary Applicant:	Co-Applicant:
<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/>
Signatures:	
Signature:	Date:
Signature:	Date: