



ATM/CHECK CARD APPLICATION/MAINTENANCE FORM

Name: _____ Acct. # _____

Social Security #: _____ Birthdate: _____

Address: _____

City, State, Zip: _____

Primary Phone #: _____ Alternate Phone #: _____

- New Card Application A X (Circle)
- Status Card Lost
- Status Card Stolen
- Replace Damaged Card (Possible \$5.00 Charge)
- Replace Lost/Stolen Card (Possible \$5.00 Charge)
- Send PIN Mailer/Reset PIN Fails (Takes 5-7 business days to receive new PIN))
- Other (Please describe): _____

Signature: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges as set forth in the Credit Union's Membership Agreement and Rate and Fee Schedule. The undersigned agree(s) that all information is accurate to the best of their knowledge.

X _____

Member Signature

Employee Initials: _____ Date: _____

For Staff Use Only:

KENT BRANCH
 6020 Rhodes Road
 Kent, OH 44240
 Phone: 330.678.2274
 Fax: 330.678.6252

RAVENNA BRANCH
 271 So. Chestnut Street
 Ravenna, OH 44266
 Phone: 330.298.0400
 Fax: 330.298.0404

STREETSBORO BRANCH
 1190 State Route 303
 Streetsboro, OH 44241
 Phone: 330.626.3200
 Fax: 330.626.3259

ROUTING NO. 241279234
TOLL FREE: 888.221.7556
WEB: www.kentcu.com

