



ARGENT
CREDIT UNION

Argent Federal Credit Union

P.O. Box 72, Chesterfield, VA 23832-0001

Tel: 1-800-943-3328 804-748-9488

www.argentcu.org

Access Cards Application Form

Office Use Only:

Received by: _____ Date Received: ____/____/____

ATM Card

Check Card

Member's Name:	Argent Account #:
Street:	City, State, Zip:
Social Security Number:	
Home Phone: ()	Work Phone: ()
Home Email:	Work Email:
Employer:	Birthdate:

Joint Owner's Name:	
Street:	City, State, Zip:
Social Security Number:	
Home Phone: ()	Work Phone: ()
Home Email:	Work Email:
Employer:	Birthdate:

Reason for Request

- New Card
 Replacement Card
 Name Change
 Replacement PIN Number
 Address Change
 Other _____
 Primary
 Primary
 Joint
 Joint

PLEASE READ CAREFULLY. I/We certify that the information on this application is accurate. I/We authorize Argent Federal Credit Union to investigate my/our employment, credit worthiness, credit history, and financial responsibility through employers or credit bureaus or by any other reasonable means, including direct contact. I/We authorize other financial institutions to give information concerning my/our account history to Argent Federal Credit Union. I/We understand that the terms and conditions for this service may be amended from time to time. I understand and agree that I and all persons who hold access cards must be joint on all accounts. I further acknowledge that I/we understand and agree that a copy of the Electronic Funds Transfer Agreement and Disclosure will be included with my ATM/Check Card and that use of the card will acknowledge my/our acceptance of the terms and conditions.

Member's Signature: _____ Date: _____

Joint Owner's Signature: _____ Date: _____

Office Use Only:

Approve Decline

Checking: Established New NSFCT _____

If two cards: Co-applicant is joint on both accounts

Loans: Current Delinquent

Approved by: _____

Date: ____/____/____ No. of Cards: _____

Processing:

Card Number: _____

Date Ordered: ____/____/____

Processed by: _____