



DEXSTA
Federal Credit Union
Serving the New Castle County Community

ATM/Debit Card Application

- Visa Check Card (must have a credit union checking account.)
- ATM Card
- PIN Change Only – (\$5.00 Fee)

Your Name: _____

Home/Cell Phone: _____

Business Phone/ EXT: _____

Address: _____

City/ State/ Zip: _____

Joint Owner Name: _____

Account Number: _____

PIN: _____

Must be all letters or numbers except Q, Z or all zeros

Last 4 digits of card ____ ____ ____ ____ for PIN change request

I/we hereby acknowledge that I/we agree to follow and will be legally bound by the ATM/Visa check card cardholder agreement terms and conditions that are part of the Membership and Account agreement informing my/our rights under the Electronic Funds Transfer Act. I/ we acknowledge that I/ we have received this agreement.

Signature:

Date:

Joint Signature:

Date:

Teller ID _____