

Instructions:
 Print application, sign it and either mail or fax to:
 LFCU, Attn: Member Services, P.O. Box 7463, Hampton, VA 23666
 Fax: 757.825.7522
 If approved, your card will be mailed to you.



APPLICATION/AGREEMENT FOR ELECTRONIC SERVICES

(ATM and MasterMoney Debit Card, Internet and Audio Response)

I (and my authorized user, if he or she has signed this agreement) submit this application for the Langley Federal Credit Union (LFCU) electronic services selected below. By signing this application, I/we certify that the information on this application is accurate. I/we authorize LFCU to investigate my/our employment, credit worthiness and financial responsibility through employers, credit bureaus or any other reasonable means. I/we also authorize other financial institutions to give information concerning my/our account history to LFCU.

(Check all that apply)

- ATM Card Debit Card L@ngley Link (Internet) CHIPS (Audio Response)
 ATM Card (For mail-in applicants only: Pick your password _____)

Reason for Card Issue: (Check One)

- New Replacement Replacement PIN

I/we understand that upon approval, receipt of the selected access device and a copy of the Langley Federal Credit Union Electronic Services Disclosure, the use of such device(s) acknowledges acceptance of those terms and conditions. If this is a joint account, two signatures are required to receive two cards.

MEMBER COMPLETE

Member Number _____ Checking Acct I.D. _____ Share Acct. I.D. _____
 Prime Member Name (First, MI, Last) _____
 Member Social Security Number _____
 Date of Birth (M/D/YR) _____ Mother's Maiden Name _____
 Mailing Address _____
 City, State, Zip _____
 Home Phone Number _____
 Work Phone Number _____
 Member E-mail address _____
 Member Signature _____ Date _____

COMPLETE FOR JOINT OWNER (AUTHORIZED USER)

Joint Owner Name (First, MI, Last) _____
 Joint Owner Social Security Number _____
 Date of Birth (M/D/YR) _____
 Joint Owner Signature _____ Date _____

OFFICE USE ONLY

Debit Card # _____ FDR F/M by _____ Date _____
 Approved by _____ Denial Reason _____
 Operator # _____ Ext # _____ Date _____ O/D sequence _____
 Equifax Code _____ ID Type _____ Card # _____ Sec Digits _____
 Date ATM card mailed/FM _____ Op # _____ Op Initials _____
 e-Services Disclosure mailed Date _____
 L@ngley Link/CHIPS date /FM _____ Op # _____ Op Initials _____