



ATM/Debit Card Application

Form must be completely filled out in order to process information.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Member (MAIN) Number: _____ Checking Account Number: _____

For security reasons, your PIN (Personal Identification Number) will be computer-generated, unless you apply in person at one of our branches.

Joint Name: _____

Social Security Number: _____ Email: _____

Home Phone: _____ Cell Phone: _____

I hereby authorize Caro Federal Credit Union to send me validated access cards to initiate Electronic Funds Transfers using the above accounts. Use of this card will be proof of my acceptance of the terms and conditions of the Account Agreement.

Signature: _____ Date: _____

Signature: _____ Date: _____

IN-OFFICE USE ONLY

☐ Reissue Card

☐ Reissue PIN (\$5 Fee)

☐ Lost Card (\$10 Fee)

Reason: _____

Card Number: _____

Staff Initials: _____ Date: _____

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209

803.227.5555 • www.smartcaro.org