

ST THOMAS HOSPITAL EMPLOYEES CREDIT UNION

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PHONE (615) 292-7828 | FAX (615) 463-2741

DR CASH CARD APPLICATION

“DR CASH” ATM CARDS ARE ISSUED TO INDIVIDUALS.

IF SOMEONE ELSE LIVES AT YOUR ADDRESS AND HAS LEGAL ACCESS TO ACCOUNTS,
PLEASE ASK THEM TO COMPLETE THE JOINT OWNER PORTION OF THIS APPLICATION SO A
“DR CASH” ATM CARD MAY BE ISSUED FOR THEIR USE.

MEMBER

***** PLEASE PRINT LEGIBLY! *****

NAME: _____ SOCIAL SECURITY#: _____

ACCOUNT #: _____

ADDRESS: _____

Signature: _____ Date: _____

Signature is required on the back of Dr. Cash ATM Cards.

For Credit Union Use Only

CARD #: 582111 _____ - _____ - _____

DEFAULT #: _____ EXPIRATION DATE: _____

JOINT OWNER

***** PLEASE PRINT LEGIBLY! *****

NAME: _____ SOCIAL SECURITY#: _____

ACCOUNT #: _____

ADDRESS: _____

Signature: _____ Date: _____

Signature is required on the back of Dr. Cash ATM Cards.

For Credit Union Use Only

CARD #: 582111 _____ - _____ - _____

DEFAULT #: _____ EXPIRATION DATE: _____

For Credit Union Use Only

Initial Set Up Teller # and Signature: _____ Date: _____

Verify Set Up Teller # and Signature: _____ Date: _____