BARANGKA CREDIT COOPERATIVE MIGS ATM SAVINGS APPLICATION FORM Date						
MEMBER INFORMATION						
NAME (Last Name, First Name, Middle Name)			SHORT NAME			
ADDRESS			TELEPHONE NUMBER			
BIRTHDAY	YOUR MOTHERS'S FULL MA	AIDEN NAME	ΛΕ .			
	ACCOUNT INFO	RMATION				
NAME TO APPEAR ON THE ATM CARD (up to 25 characters)			MEMBER SIGNATURE			
TYPE OF CARD APPLIED FOR BCC USE ONLY						
☐ New Card ☐ Replacement Card ☐ Lost Card			CARD NUMBER			
O Wear & Tear valid until ☐ Forgotten Pin						
ATM ACCOUNT NO.						
				F	orm No. MI-013	
BCC USE ONLY						
Processed by	Signature Verified by		Approved by			
Detach Here						
ATM CARD RELEASE SLIP						
Name Application			ate			
Card Number		Release Date			<del></del>	
Member's Signature over Printed Name  Coop Officer's Signature over Printed Name						