



Check Card/ATM Card

Please Print or Type Clearly. Please Verify Information.

Apply Today!

1. Complete and sign the application
2. Return it to us by:
 - a. Mail ~ 3524 Edgmont Avenue, Brookhaven, PA 19015
 - b. Fax ~ 610-447-1566
 - c. In person at our branch in Brookhaven
3. Discover the new way to pay with Sentry Check Card

Member Number:

Member Name	Social Security Number
Joint Member Name	Social Security Number
Address including Apt No.	
City & State, Zip Code	
Phone Number	
Mother's Maiden Name	
By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees or charges. The undersigned agree(s) that all information is accurate and authorizes Sentry Federal Credit Union to verify credit history by any necessary means, including preparation of a credit report by a credit reporting agency.	
Member's Signature	Joint Member's Signature
I/We wish to apply for a: <input type="checkbox"/> Sentry Check Card (Debit Card) <input type="checkbox"/> Sentry ATM Card Only	
Internal Use Only: Member was approved for the following type of card <input type="checkbox"/> Sentry Check Card <input type="checkbox"/> Sentry ATM Card	