

MasterCard Debit Card Application

Yes, please sign me up for the convenience of a MasterCard Debit Card/ATM Card

I want to access the following accounts with my Debit/ATM Card

Please check the account(s) you wish to access:

- Primary Share (savings) Account # _____
- Checking (share draft) Account # _____

Please check one of the following:

- Original Issue Request
- Re-issue Request

Primary member's name _____

Joint account member's name _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Signature: _____

By signing this application, I authorize the credit union to obtain credit reports in connection with this application and for any renewal of the card(s).

Debit/ATM Card Transaction Fees

Withdrawals	\$1.00
Inquiries	\$1.00
Transfer	\$1.00
Pin-Based Transactions	\$1.00
Replacement/Lost Card	\$5.00

Last address change (Month/Year): _____

Member Since: _____

SS #: _____ Cell or Work #: _____

D/O/B: _____ Mother's Maiden Name: _____

- I understand my debit/ATM card will allow me to access the account(s) listed on the reverse side of this card. All transactions conducted are my responsibility and will be charged to my credit union account. I understand all transactions conducted by a joint owner of this account are also my responsibility.

- I understand my debit/ATM card will be subject to the rules and regulations of Northland Teachers Community Credit Union.

Following completed by Northland Teachers Community Credit Union

Account Verified by: _____ Date: _____

Card # Issued: _____ Date: _____