



MasterCard Debit/ATM Card Application

Please print and fill out the following form to apply for your Debit or ATM Card:

APPLICATION CHOICES

- MasterCard® Debit Card (includes ATM Card)
- ATM Card
- PIN Mailing

I understand that I will be responsible for the safety and security of my MasterCard Debit/ATM Card and PIN (Personal Identification Number).

Member Name (First Card)

Social Security Number

Mother's Maiden Name

Member Name (Second Card)

Social Security Number

Mother's Maiden Name

Address

City

State

Zip

Account Number

Home Telephone Number

SIGNATURES: By signing below, I/we agree to be bound by all terms and conditions governing the use of the card(s) as outlined in the EFT Disclosure and Fee Schedule. I/We authorize Allegis Credit Union to check my/our credit history if necessary.

Applicant Signature

Date

Co-applicant Signature

Date

Drop off at any Allegis Credit Union location or mail to:

Allegis Credit Union
5713 Venture Park
Kalamazoo, MI 49009

If you have any questions about this application, please call Allegis Credit Union at (269) 372-4455 or 1-800-797-3281.

FOR ALLEGISCREDIT UNION USE ONLY

<input type="checkbox"/> Account Verification	<input type="checkbox"/> EFT Disclosure/Fee Schedule sent	Date _____	Debit Card Number
Approved by _____		Date _____	_____
ATM/Debit Card ordered by _____		Date _____	