



# 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 ALLEGIS CREDIT UNION USE ONLY

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