



**Unified
Communities**
FEDERAL CREDIT UNION

MasterMoney Debit / ATM Card Request Form

Members Name (Please print) _____ CU Account Number _____

Address _____ City _____

State _____ Zip _____ Home Phone # _____ Work Phone # _____

Employer _____ Address _____ City _____ State _____ Zip _____

Joint Owners Name _____

Address (only if different from above) _____ City _____ State _____ Zip _____

Employer _____ Address _____ City _____ State _____ Zip _____

Primary Member Social Security # _____ Joint Member Social Security # _____

If the account is joint, read the pronouns as plural.

I hereby apply for a MasterMoney debit card in order to access my Unified Communities Federal Credit Union account(s). I authorize the credit union to verify or obtain further information the credit union may deem necessary concerning my credit history including a credit report. I understand and agree that the MasterMoney debit card or ATM card are subject to the terms and conditions of the Electronic Funds Transfer Disclosure, a copy of which I will receive with my card.

MasterMoney Debit Card: I understand that a UCFCU checking account is required
If you are applying for a MasterMoney debit card and are denied, an ATM card may be issued in its place (based upon approval).

Member Signature _____ Date _____ Joint Member _____ Date _____

OFFICE USE ONLY

Date Received _____ Member Service Representative _____

Date Ordered _____ Card Number _____