



## MasterMoney™ Check Card Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

**Yes!** I would like to have access to my account through a MasterMoney™ Check Card (also known as a “Debit Card”).

I would like to order an additional MasterMoney™ Check Card for:

Joint Name: \_\_\_\_\_

I have received the Electronic Funds Transfer Agreement and Disclosure.

I understand that the Check Card(s) will be mailed individually to my address on record, and that the PIN number for each card will be mailed separately.

To activate the card, I must first use the card at any ATM to perform and complete any transaction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature \_\_\_\_\_ Date \_\_\_\_\_