



**Wexford**  
Community Credit Union  
Wexford | Missaukee | Osceola

**Debit MasterCard® Application**

Account Number	
Primary Member's Name	
Social Security Number	
Phone Number	
Joint Owner's Name	
Social Security Number	
Phone Number	
Mailing Address	
City, State, ZIP	

**MEMBERS: PLEASE BE AWARE THAT AN AUTOMATIC 48 HOUR HOLD IS PLACED ON DEPOSITS DONE THROUGH AN ATM**

*By signing below I/we hereby authorize application for a Wexford Community Credit Union Debit MasterCard®. I/we agree to be bound by all of the terms and conditions governing the use of that card as outlined in the Wexford Community Credit Union DISCLOSURE FOR ELECTRONIC FUNDS TRANSACTIONS. I/we understand and agree that the disclosure will again be provided to me by Wexford Community Credit Union at my request.*

*I/we understand and agree that the credit union's decision to grant this request will be based on information provided on this application, along with information obtained from my/our account. The credit union reserves the right to acquire information from a Consumer Reporting Agency for consideration during approval process. I/we hereby authorize Wexford Community Credit Union to obtain my consumer report for this purpose.*

**I have read and accepted these terms: (Initial Please)** \_\_\_\_\_

**Primary Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please verify information before forwarding to Card Services.			
Received by/on		OR Denied by/on	
Compliance Verified		Denial Tracker by/on	
Account Active			
Primary's Card # Last		Joint's Card # Last	
Ordered by		Ordered by	
Date Ordered		Date Ordered	
Logged by		Logged by	
Reported on Co-Op		Reported on Co-Op	