



Wexford Community Credit Union

Wexford | Missaukee | Osceola

Debit MasterCard® Application

Account Number	
Primary Member's Name	
Social Security Number	
Phone Number	
Previous ATM cards? (Y/N)	
Joint Owner's Name	
Social Security Number	
Phone Number	
Previous ATM cards? (Y/N)	
Mailing Address	
City, State, ZIP	

MEMBERS: PLEASE BE AWARE THAT AN AUTOMATIC 48 HOUR HOLD IS PLACED ON FUNDS DEPOSITED AT 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		Info Verified by/on	
\$100 req. met?		\$100 Balance Req. Only for First Request on Acct	
Approved by/on		Date	
OR Denied by/on		Denial Tracker by/on	
Primary's Card # Last 8		Joint's Card # Last 8	
Ordered by		Date	
Logged by/on		Reported on Co-Op	
Letter Sent by/on		Archived by/on	