

Date: ___/___/___

DEBIT MASTERCARD/ATM CARD

APPLICATION (Please print clearly.)

Velocity Account#: _____

Last Name: _____

First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____

Home Phone: _____

Joint Owner: _____

Check one:

"PERKS EVERYDAYSM" REWARDS CARD DEBIT MASTERCARDSM ATM CARD

FOR YOUR DEBIT MASTERCARD

Your PIN will be randomly selected and mailed to you. Once you receive your card, you may customize your PIN at any Velocity full-service branch.

By this application, the undersigned person(s) applies for an ATM Card or Debit MasterCard from Velocity Credit Union and understands that use of this card is pursuant to the terms and conditions set forth in the ATM Card or Debit MasterCard Check Card Agreement and Electronic Fund Transfer disclosure.

The undersigned agrees that all information is accurate and authorizes Velocity Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned acknowledges receipt of the ATM Card or Debit MasterCard Agreement and Electronic Fund Transfer disclosure.

The undersigned agrees that the share draft account will be debited \$20.00 upon enrollment into the "Perks Everyday" program and annually thereafter.

X _____
Applicant's Signature

XX _____
Joint Applicant's Signature
(Two signatures required for two cards)

FOR ATM CARD ONLY (PIN)

For use with ATM card. Select a 4-digit number (no letters, please). REMEMBER YOUR PIN. VELOCITY CREDIT UNION WILL NOT KEEP A COPY OF YOUR PIN.

10.139 (58170)

MEMBER PIN: ○ ○ ○ ○