

Date: ____/____/____

DEBIT MASTERCARD™/ATM CARD

APPLICATION (Please print clearly.)

Velocity Account #: _____

Last Name: _____

First Name: _____ MI: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____

Home/Cell Phone: _____

Joint Owner: _____

CHOOSE YOUR CARD TYPE

Check one:

ScoreCard® Rewards Debit Regular Debit Business Debit ATM Card

Debit card design:

Cityscape Regular Business

FOR YOUR DEBIT MASTERCARD

Your PIN will be randomly selected and mailed to you.

By signing this application, the member(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 in the ScoreCard Rewards program and annually thereafter.

x _____
Applicant's Signature

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

For Credit Union Use Only

ID# _____ ID Type _____