

Date: ____/____/____

DEBIT MASTERCARD™

APPLICATION (Please print clearly.)

Velocity Account #: _____

Last Name: _____

First Name: _____ MI: _____

Business Name: _____

Updated Mailing Address:

Number/Street: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____

Home/Cell Phone: _____

CHOOSE YOUR CARD TYPE

Check one:

Rewards
Debit

Regular
Debit

Business
Debit

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 a Debit Mastercard from Velocity Credit Union and understands that use of this card is pursuant to the terms and conditions set forth in the Electronic Services Agreement and 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 Electronic Services Agreement and Disclosure.

The undersigned agrees that the share draft account will be debited \$20.00 annually for enrollment in the Debit Card Rewards program.

x _____

Applicant's Signature

For Credit Union Use Only

ID# _____ ID Type _____