

Date: _____

DEBIT MASTERCARD™

APPLICATION (Please print clearly.)

Velocity Member #: _____

Checking Account #: _____

Last Name: _____

First Name: _____ MI: _____

Business Name: _____

Updated Mailing Address:

Number/Street: _____

Apt./Unit/Suite: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____

Home/Cell Phone: _____

SELECT YOUR CARD DETAILS

Choose delivery method:

Instant issue

By mail

Choose card type:

Rewards Debit

Regular Debit

Business Debit

Choose card design:

Cityscape

Regular

Business

FOR YOUR DEBIT MASTERCARD

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 _____

Debit Card # _____