

Debit Mastercard Application



Velocity Member # _____ Account # _____

Last Name _____ First Name _____ MI _____

Business Name _____

☐ Update 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 Card _____ Regular Debit _____ Business Debit

Choose card design: _____ Bridge Design _____ 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 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 Debit Card Rewards program.

X _____
Applicant(s) Signature

FOR VELOCITY CREDIT UNION USE ONLY

Last 4 numbers of Debit Card: _____

About Velocity Credit Union

©Velocity Credit Union. This credit union is federally insured by the National Credit Union Administration. Equal Housing Lender. Your savings federally insured to at least \$250,000 and backed by the full faith of the United States Government.