



# Summit Federal Credit Union

## MasterCard® Debit Card Request Form

Complete this form for each request/member.

\*These items are required for this form to be processed.

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Social Security # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

\*Telephone # (Day) \_\_\_\_\_ \*(Evening) \_\_\_\_\_

\*I wish to access the following Credit Union account # \_\_\_\_\_

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Disclosure Statement and Cardholder Agreement. The above information is given to obtain a credit report if required by the Credit Union.

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blocks below showing how you prefer to have your name embossed on your MasterCard® Debit Card:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Personal Identification Number (PIN)

A Personal Identification Number (PIN) is a four digit numeric identification known **only to you**. When you insert your card into an ATM, you will be asked to enter your PIN. You will be able to complete your transaction only if your PIN is entered correctly. This is an important **safety feature**. No one else can use your card in an ATM unless they know your PIN. You will receive a PIN in a separate mailing shortly after receiving your new card. When received, keep it in a safe place so that you can refer to it in case you forget it. **Don't** keep it with your card.

FOR CREDIT UNION USE ONLY:

Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

Date Issued \_\_\_\_\_ By \_\_\_\_\_