

# MOUNTAIN LAUREL FEDERAL CREDIT UNION

## MASTERMONEY DEBIT CARD APPLICATION



| PRIMARY ACCOUNT HOLDER  |  |                             |     | SECONDARY ACCOUNT HOLDER                  |  |                             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|-----------------------------|-----|---|--|-----------------------------|-----|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|
| FIRST NAME  |  | MIDDLE INITIAL              |     | FIRST NAME                                |  | MIDDLE INITIAL              |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| LAST NAME   |  | DATE OF BIRTH               |     | LAST NAME                                 |  | DATE OF BIRTH               |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| STREET  |  |                             |     | STREET                                    |  |                             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| CITY  |  | STATE                       | ZIP | CITY                                      |  | STATE                       | ZIP |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MAILING ADDRESS (IF DIFFERENT FROM ABOVE)   |  |                             |     | MAILING ADDRESS (IF DIFFERENT FROM ABOVE) |  |                             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| PRIMARY PHONE   |  | SECONDARY PHONE             |     | PRIMARY PHONE                             |  | SECONDARY PHONE             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| MOTHER'S MAIDEN NAME  |  | EMPLOYER                    |     | MOTHER'S MAIDEN NAME                      |  | EMPLOYER                    |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SHARE DRAFT ACCOUNT NUMBER  |  |                             |     | SHARE DRAFT ACCOUNT NUMBER                |  |                             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| ISSUE CARD <input type="checkbox"/> YES   |  | <input type="checkbox"/> NO |     | ISSUE CARD <input type="checkbox"/> YES   |  | <input type="checkbox"/> NO |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| SOCIAL SECURITY #   |  |                             |     | SOCIAL SECURITY #                         |  |                             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> </tr> </table> |  |                             |     |   |  |                             |     |  |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> <td style="width:25px; height:25px;"></td> </tr> </table> |  |  |  |  |  |  |  |  |  |  |  |
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|   |  |                             |     |   |  |                             |     |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |

### AGREEMENT

I/WE hereby acknowledge that with the completion of this application I/WE have received a copy of the MasterMoney Card Agreement and will also receive a copy of the disclosure statement informing ME/US of MY/OUR rights under the Electronic Funds Transfer Act and the Truth in Savings Act as applicable.

By activating the debit card, I/WE hereby agree to be legally bound to the terms and conditions of the Agreement.

### SIGNATURES

|           |  |           |  |
|-----------|--|-----------|--|
| Signature |  | Signature |  |
| Date      |  | Date      |  |

### CREDIT UNION USE ONLY

|                                   |  |                                 |  |
|-----------------------------------|--|---------------------------------|--|
| Accepted by                       |  | Date                            |  |
| <input type="checkbox"/> Approved |  | <input type="checkbox"/> Denied |  |
| <b>Additional Notes</b>           |  |                                 |  |
|                                   |  |                                 |  |
|                                   |  |                                 |  |