

Business MasterCard Debit/ATM Card Application



To apply for your Everence Federal Credit Union MasterCard business debit/ATM card

1. Fill out the application below. Be sure to include both the name of your business as well as the name of the individual who will be using the card.
2. Be sure to fill out the fraud control section. In order to cut down on debit/ATM card fraud, we are now required to have your SSN, birth date, and mother's maiden name on your application. This information will not appear on your card but is in our records to verify fraud if needed.
3. Cut off this section and retain for your records. Fax the completed application to (717) 735-8331.
4. Questions? Call 800-451-5719 between 9 a.m. and 5 p.m., Monday to Friday.

How the Everence Federal Credit Union MasterCard business debit/ATM card works

1. When securing cash from an ATM machine, you will need to input your PIN number.
2. The amount of your cash withdrawal will be deducted immediately from your account.
3. You can use your Everence Federal Credit Union MasterCard business debit/ATM card surcharge free at ATMs located at Everence Credit Union branches. Other financial institutions may charge you a fee for using their machines.
4. Transactions with your Everence Federal Credit Union MasterCard business debit/ATM card are also surcharge free at more than 5,000 ATMs owned by credit unions which are members of the Co-Op, CU\$ and Alliance One networks. For a listing of the locations of these network ATMs, go to everence.com. Or call (800) 451-5719.

Clip here and retain this information for your records

Applicant

Business name (limited to 21 characters) _____

Individual name (limited to 21 characters) _____

First

Middle initial

Last

Fraud control information: Birth date _____ Social Security number _____
Month day year

Mother's maiden name _____

Business address _____
Include both PO box and street if applicable City State ZIP

Daytime telephone number _____ Evening telephone number _____

Everence Federal Credit Union checking account number _____

Signature

By signing below, I request the Everence Federal Credit Union MasterCard business debit/ATM card be issued in the name of my company and in the individual's name listed above. I also authorize Everence Federal Credit Union to pull a credit report in my company's name and in my name with my SSN# if necessary. Further, I acknowledge that I have received a copy of the MasterCard business debit/ATM card cardholder agreement and that I have read, understand, and agree to be legally bound by the terms and conditions of that agreement. I also acknowledge receipt of the disclosure statement informing me of my rights under the Electronic Funds Transfer Act and Truth-in Savings Act as applicable.

Business account authorized signature _____ Date _____

Cardholder signature _____ Date _____

When your application is approved, you will receive a letter from us which will list your 4-digit PIN. This number is assigned automatically by our system. Only you will know this number; Everence Federal Credit Union staff do not have access to it. If you wish to change your PIN, you may call from any touch tone phone (877) 265-9594 or (859) 488-4130 (International Cardholders).

Everence Federal Credit Union

2160 Lincoln Highway E., Ste. 20
Lancaster, PA 17602-1150
infocu@everence.com
everence.com

Toll-free: (800) 451-5719
F: (717) 735-8331

For office use only

Date _____ MSR _____

Reviewed Approved