

Personal MasterCard Debit/ATM Card Application



To apply for your MasterCard debit/ATM card

1. Fill out the application below.
2. 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. Then 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 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 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 debit/ATM card are also surcharge free at more than 5,000 ATMs owned by credit unions which are a part of the Co-Op, CU\$ and Alliance One networks. For a listing, go to www.everence.com. Or call (800) 451-5719.

About PINs

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).

Clip here and retain this information for your records

Applicant

Name of applicant (limited to 21 characters) _____
First Middle initial Last

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

Checking account number _____ Mother's maiden name _____

Daytime telephone number _____ Evening telephone number _____

Birth date _____ Social Security number _____
Month day year

Co-applicant

Name of co-applicant (limited to 21 characters) _____
First Middle initial Last

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

Mother's maiden name _____

Daytime telephone number _____ Evening telephone number _____

Birth date _____ Social Security number _____
Month day year

Signature

By signing below, I request the Everence Federal Credit Union MasterCard debit/ATM card be issued in my name and in the name of the co-applicant (if applicable). I also authorize Everence Federal Credit Union to pull a credit report in my/our name and SSN# if necessary. Further, I acknowledge that I have received a copy of the MasterCard 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.

Applicant's signature _____ Date _____

Co-applicant's signature _____ Date _____

Everence Federal Credit Union

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Lancaster, PA 17602-1150
infocu@everence.com
everence.com

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

2150283

For office use only:

Date _____ MSR _____
Reviewed Approved