

CUTX Debit MasterCard® / ATM Application

ATM Card Debit MasterCard®

(Debit card not available with savings only accounts)

REASON FOR CARD (A fee may be assessed):

New Card Lost/Stolen Fraud Damaged

PLEASE TELL US ABOUT YOURSELF:

Name _____ Member Number _____

Address _____ Home Phone _____

City _____ State _____ Zip Code _____

Email Address _____ Date of Birth _____ Driver's License Number _____

(UPDATE ONBASE)

ACCOUNT INFORMATION:

Primary accounts linked to card: Savings SI Checking S _____

Additional Accounts: (May only include accounts on which you are a primary or joint owner.)

Account Number: _____ Account Type: (S) _____

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MEMBER AUTHORIZATION:

NOTICE: I give the above information for the purpose of obtaining a Debit MasterCard Everything that I have stated in this application is correct to the best of my knowledge. You may retain this application whether or not it is approved. I understand and agree that the use of any card issued in connection with this application will be subject to and shall constitute acceptance of the terms and conditions of the Account Agreement.

Member Signature: **X** _____ Date: _____

Parent Signature: **X** _____ Date: _____

(Parent or legal guardian signature required for teen/student debit card)

Please mail this completed application to Credit Union of Texas, Card Services, P.O. Box 517028, Dallas, TX 75251-7028 or deliver it in person to any CUTX store location.

You will receive your Personal Identification Number two or three days after you receive your card.

FOR CREDIT UNION OF TEXAS USE ONLY:

DEBIT CARD NUMBER

5 5 9 0 3 4

ATM CARD NUMBER

5 8 2 4 9 9

OFFSET NUMBER

File Maintained By: _____ Operator ID: _____ Date: _____ Audited by: _____