



Debit MasterCard® / ATM Card Request Form

Debit MasterCard®

ATM Card

Simply complete this form (please print) and mail to Chiropractic Federal Credit Union, 23617 Liberty, Farmington, MI 48335.

Your Account Number _____

Primary Member's Name (card one) _____
Driver's License # / State Issued From _____
Social Security # _____ Mother's Maiden Name _____

Joint Member's Name (card two) _____
Driver's License # / State Issued From _____
Social Security # _____ Mother's Maiden Name _____

Address _____

City/State/Zip _____

Work Telephone Number _____

Home Telephone Number _____

I/We already have an existing Overdraft Line-of-Credit with Chiropractic Federal Credit Union, and I/we hereby request that if transactions made with my/our debit MasterCard overdraw my/our Chiropractic Federal Credit Union Checking Account, that transfers be made from that Overdraft Line-of-Credit up to my/our available limit to cover any overdrawn amounts. *If you do not already have an existing Overdraft Line-of-Credit with Chiropractic Federal Credit Union, you can come in to the Chiropractic Federal Credit Union office and speak with a Loan Officer or request an application.*

By signing below, I/we hereby make application for a Chiropractic Federal Credit Union debit MasterCard. I/We agree to be bound to all the terms and conditions governing the use of that card as outlined in the Chiropractic Federal Credit Union DISCLOSURE FOR ELECTRONIC FUND TRANSACTIONS. I/We understand and agree that the disclosure will be provided to me by Chiropractic Federal Credit Union if my request is approved. I/We understand and agree that the credit union's decision to grant this request will be based on information provided on this application, along with past history and information obtained from a Consumer Reporting Agency. I/We hereby authorize Chiropractic Federal Credit Union to obtain my consumer report for this purpose.

Primary Member's Signature _____

Joint Member's Signature* _____

*Both signatures required on joint accounts

Daily Limit Requested _____ Daily Limit Approved _____

FOR CREDIT UNION USE ONLY		
Date Approved _____	Date Denied _____	Staff Initials _____

Date Approved _____	Number of cards ordered _____	Staff Initials _____
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