MasterMoney Check Card Application

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Member Information

This is a ☐ New card application ☐ Replace existing card application – current card #: _____

Account owner: _____ Soc Sec #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Date: _____

Embossed Name on Card _____

I wish to access the following accounts:

Checking Account #: 0 0 0 0 |___|___|___|___|___|___| Checking Account #: 0 0 0 0 |___|___|___|___|___|___|

Savings Account #: 0 0 0 0 0 0 |___|___|___|___| Savings Account #: 0 0 0 0 0 0 |___|___|___|___|

Please assign the following PIN # to my debit card (4 digits): |___|___|___|___|

Authorization

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Electronic Funds Disclosure Agreement. The MasterMoney debit card is the property of WV United Federal Credit Union and can be cancelled at any time without prior notice.

Signature: _____ Date: _____

For Credit Union Use Only

Received by: _____ Date: _____

Approved Daily Limits:

ATM Cash Withdrawals $ _____ per day

Point of Sale (POS) Purchases $ _____ per day

Cash back at POS $ _____ per day