

### ATM or Debit Mastercard Request

**Note:** This form is for new card requests only

Please print out this form, fill out all applicable areas, and mail it to PO Box 436034 Pontiac, MI 48343-6034.

T&C Checking Account # \_\_\_\_\_

\_\_\_\_\_  
Primary Member Name (Print)                      Social Security #                      Birthdate

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Home Phone #                      Work Phone #

\_\_\_\_\_  
Joint Member Name (Print)                      Social Security #                      Birthdate

(\_\_\_\_\_) \_\_\_\_\_  
Work Phone #

**Choose only one product below. Initial the box of the requested product.**

**T&C ATM Card Request**

*If the account is joint, read pronouns as plural.*

Please issue a T&C ATM card and PIN to me so I am able to access my T&C accounts and make electronic fund transactions. I understand that I will receive the card(s) and PIN separately by mail. If the card(s) or PIN is lost or stolen, I understand that there are fees to re-issue another card. I agree to the terms and conditions of the EFT disclosure, which has been given/mailed to me.

**Debit Mastercard Request**

I authorize the credit union to verify or obtain further information that the credit union may deem necessary concerning my credit history, including a credit report. If this application is approved, and a T&C Debit Mastercard is issued, the undersigned applicant(s) by signing, or permitting another to use the Debit Mastercard, agree to be bound by the terms and conditions accompanying the Debit Mastercard and all amendments. The undersigned hereby acknowledges that the signing, using, or permitting another to use the Debit Mastercard represents an acknowledgment of the receipt of the Debit Mastercard Agreement and all amendments, and further represents the acceptance of the terms and conditions of the Debit Mastercard Agreement and all amendments.

I understand that my account will be charged transaction fees as set forth by the Board of Directors, and this amount will be deducted from my account throughout the month.

\_\_\_\_\_  
Primary Member's Signature                      Date                      Joint Member's Signature                      Date

**Personal Identification Number:** The computer will generate your confidential personal identification number (PIN). If you would like to personally choose your PIN, you will need to bring this application into any T&C Branch Office.

**Credit Union Use Only**

Approved     Denied    DP# \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_