



## Debit Mastercard®/ATM Card Request Form

Account # \_\_\_\_\_

New Debit Card    New ATM Card    Replacement Debit Card    Replacement ATM Card

For replacement cards choose one of the following reasons:

Damaged    Stolen/Fraud    Lost (\$5 Fee)    Additional Card (\$5 Fee)    Rush Card (\$40 Fee)

Replacement Card # \_\_\_\_\_  
(Standard Delivery: 7-10 Business Days)

### Primary Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Joint Owner Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

\* For your security and protection card limits are set at \$300 cash withdrawals and \$300 POS, per business day.

I/we hereby request that a Fox FCU MasterCard® Debit Card and a Personal Identification Number (PIN) be issued for the account and account holder(s) designated herein. My/our retention or use of such card(s) will bind me/us to the terms and conditions of the Automated Teller and Fox FCU Debit Card contract and electronic funds transfer and disclosure, and all other rules, terms and conditions or amendments thereto as may be established from time to time by Fox Federal Credit Union (Credit Union). By signing this application, I/we authorize the credit union to check my/our credit history and make whatever inquiries necessary in the course of granting the debit card, reviewing its use, reissuance or cancellation. I/we understand I/we must be of legal age (18) to be issued a card. I/we understand that the credit union will retain this application whether or not it is approved. I/we may be considered for a Fox FCU ATM card.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_