



Application for MASTERMONEY CHECK CARD

Please print information clearly.

Member Number: _____

Member's Name: _____

Address: _____

Social Security Number: _____

Birthdate: _____

Home Telephone: _____

Work Telephone: _____

Cellular Telephone: _____

Email Address: _____

This application authorizes review of my credit and I certify that all information is true and complete. I also authorize TMH Federal Credit Union (Credit Union) to verify or obtain further information the Credit Union may deem necessary concerning my credit standing. If this application is approved and a MasterMoney Check Card is issued, the undersigned applicant by signing, using or permitting another to use the MasterMoney Check Card agrees that the applicant will be bound by the terms and conditions disclosed for the MasterMoney Check Card and all amendments.

Upon approval, should an overdraft occur on my account as a result of a card transaction, overdraft protection will be handled in accordance with the most recent overdraft protection agreement on file. The Credit Union may refuse at any time to exercise this option should any loans or fees be delinquent or in default or at the sole discretion of the Credit Union. A fee will be assessed for each account from which a transfer of funds is made as indicated in the Fee Schedule.

Member's Signature: _____

Date: _____

Credit Union Use Only - Please Do Not Write Below This Line

Card Number: _____

Ordered by _____ Ordered date _____

NEW REISSUE REPRINT

ATM ONLY ATM/POS