

MASTERCARD CHECK/ATM CARD/ SHARE DRAFT CHECKING ACCOUNT APPLICATION

A card that acts like a check sounds great!

Please send me a MASTERCARD Check/ATM card today!

Applicant's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Social Security # _____ Date of Birth _____

Share Draft Account # _____

Co-Applicant's Name _____

Address _____

City, State & Zip _____

Daytime Phone _____

Social Security # _____ Date of Birth _____

Share Draft Account # _____

I (We) acknowledge that I (we) have received a copy of the MASTERCARD Check/ATM Card Cardholder Agreement and that I (we) have read, understand and agree to be legally bound by the terms and conditions of that Agreement. I (We) also acknowledge receipt of the disclosure statement informing me/us of my/our rights under the Electronic Funds Transfer Act and Truth-In-Savings Act as applicable.

X

Applicant's Signature _____ Date _____

X

CD-Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

ACCOUNT NUMBER ASSIGNED _____

DATE ASSIGNED _____