

B-M S FEDERAL CREDIT UNION

MASTERMONEY®/DEBIT CARD AGREEMENT

Please complete this form and return it to the Credit Union. Each line below must be completed. Retain the MasterMoney®/DEBIT Card Agreement & Disclosure Statement for your personal records.

I have read the Agreement and Disclosure for B-M S Federal Credit Union's MasterMoney®/DEBIT Card program. I understand and agree to abide by the terms and conditions.

PRIMARY OWNER

JOINT OWNER (If Applicable)

Date

Date

↑ Print Name to Appear on Card

↑ Print Name to Appear on Card

↑ Signature

↑ Signature

↑ Account Number

↑ Social Security Number

↑ Mother's Maiden Name

Joint Date of Birth

↑ Home Telephone Number

Joint Cell Number

↑ Daytime/Work Telephone Number

↑ Cell phone

↑ E-Mail Address

Home Address:

City, St, Zip:

Country (if not USA):

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