



MasterCard Debit Card

**About You:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell or Work Telephone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

For withdrawals, transfers and inquiries, I want my card to access my (*check only one*):

- Regular Share Account
- Daily Dollar Account
- Retiree Account

**Agreement and Terms:**

I the undersigned, hereby request the issuance and activation of a Total Community Credit Union 24 Hour VISA Check/Debit Card with a personal identification code. I agree to be bound by the terms of the "Electronic Funds Transfer Agreement" which was furnished to me by the credit union when my account was opened. Additional copies of the agreement are available upon request. By retaining or using the card, I consent to the terms of the Agreement and authorize the credit union to obtain a credit report on me. I understand this VISA Check/Debit Card is the property of Total Community Credit Union and may be revoked at any time by surrendering and returning the card. Cancellation will not be effective until the card is actually received by Total Community Credit Union. I agree and understand that I am the only person allowed to use this card and that allowing anyone other than myself to use the card will result in the card being closed and de-activated by Total Community Credit Union. I agree and understand that if I allow someone other than myself to use this card that I may be responsible for any charges, fees or debits incurred by allowing this action.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Completed form must be signed by the member requesting the card.

Please return completed form to Total Community Credit Union.

Fax number: 313-291-6899

Mailing address: P. O. Box 547, Taylor, Michigan 48180