



Application for

☐ RCU Mastercard® Debit Card ☐ ATM Card

APPLICANT

Account Number(s) _____ Account Type(s) _____

Name _____

Address _____ City _____

State _____ Zip _____ Phone Number _____

Social Security # _____ Date of Birth _____

Email _____

CO-APPLICANT

Name _____

Address (if different from above) _____ City _____

State _____ Zip _____ Phone Number _____

Social Security # _____ Date of Birth _____

Email _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, the including any fees and charges. The undersigned agree(s): that (s)he will not use the ATM Card or RCU Mastercard Debit Card for any transaction that is illegal under applicable federal, state or local law; that all information is accurate; and that (s)he authorizes the financial institution to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency.

Applicant's Signature _____ Date _____

Co-Applicants Signature _____ Date _____

Opt in/Out of Courtesy Pay Confirmation

____ I **DO NOT** want RCU to authorize and pay overdrafts on my ATM and everyday debit card transactions.

____ I **WANT RCU** to authorize and pay overdrafts on my ATM and everyday debit card transactions.

____ I am a minor and understand I will be opted out.

Please choose Card Design

____ HODAG ____ Northwoods

Official Use Only

Date Received _____ Approved(Y/N) _____ Minor _____ HSA _____

Employee Initials _____