

Mastercard Check Card Application



TRUE NORTH
FEDERAL CREDIT UNION

MEMBER ACCOUNT NUMBER: _____

CARDTYPE REQUESTED: Mastercard Check Card

Primary Member Name: _____

Joint Member Name: _____

MAIL CARD TO:

Mailing Address on file.

Alternative Address: _____

TELEPHONE NUMBERS: *(mandatory)*

Primary Phone Number: _____ Secondary Phone Number: _____

I authorize credit information concerning myself to be released to True North Federal Credit Union by any reporting agency to evaluate any Card request. I understand that use of any Mastercard Check Card acknowledges my acceptance of the terms and conditions of the applicable Mastercard Check Card and ATM Card Electronic Funds Transfer Agreement and Disclosure Statement included with any card. The Credit Union reserves the right to change these terms and conditions at any time.

Primary Signature

Date

Secondary Signature

Date

FOR TNFCU USE ONLY

Prepared by: _____ Date: _____