

Community United Credit Union, Inc.
Application for MasterMoney® Debit Card

| Applicant | | Co-Applicant | |
|-------------------------|-------------------------|-------------------------------------|-------------------------|
| Name _____ | | Name _____ | |
| Street Address _____ | | Street Address (if different) _____ | |
| City, State Zip _____ | | City, State Zip _____ | |
| Home Phone Number _____ | Work Phone Number _____ | Home Phone Number _____ | Work Phone Number _____ |
| E-Mail Address _____ | | E-Mail Address _____ | |
| Social Security # _____ | | Social Security # _____ | |
| Date of Birth _____ | | Date of Birth _____ | |
| Employer _____ | | Employer _____ | |

Account Number(s) _____

Signatures: By signing below, the undersigned request(s) the described services and agrees to the terms and conditions governing the services, including any fees and charges as set forth in the Credit Union's Membership Agreement and Rate and Fee Schedule. The undersigned agree(s) that all information is accurate and authorizes the Credit Union 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-Applicant's Signature _____ | Date _____ |
|-----------------------------|------------|--------------------------------|------------|

Please issue an ATM Card if I do not qualify for a Debit Card.

Mail or deliver to:
Community United Credit Union, Inc.
10883 Pearl Road
Strongsville, OH 44136
Phone: (440)572-9950 Fax: (440)572-9914

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Official Use Only

Date received: _____ Approved (Y/N) _____ Processed by: _____

Card Number(s): _____