

NAME: Last, First, Middle

Account#

Type

TEXAS TRUST CREDIT UNION

P.O. BOX 2260 MANSFIELD, TEXAS 76063-0047

Date

### DEBIT MASTERCARD APPLICATION

(Please Print)

PRIMARY NAME, Last, First, Middle		
JOINT OWNER NAME, Last, First, Middle		
Address		
City	State	Zip
Employer	Position (Optional)	
Home Telephone No.	Work Telephone No.	
Joint Owner-Employer	Joint Owner work Telephone No.	

By signing below, I hereby make application for the TEXAS TRUST CREDIT UNION DEBIT MASTERCARD in considering this application and/or any request for financial services, I authorize the Credit Union to check my credit and employment history, to request and use reports regarding same, including those issued by a check reporting agency concerning my account history, and to answer questions about its credit experience with me. I/we agree to conform to the Credit Union's rules, regulations, bylaws and policies now in effect and as amended or adopted hereafter. I/we acknowledge receipt of the Credit Union's Account Agreement and Electronic Funds Transfer Agreement and Disclosures, which are incorporated into and made a part of this application and agree to the terms and conditions set forth therein and to any amendments the Credit Union makes from time to time. If I/we have designated any Account opened to be a Joint Account, any use of the DEBIT MASTERCARD by any party to the Account(s) shall be deemed an authorized use.

Member Signature	Birth Date	Drivers Lic. & Issue State	SSN/TIN
CU Use Only			
Codes _____		Processed by/Date _____	
Circle One: New or Replacement for - Damaged Lost Stolen Fraud Name Change Never Received			
Replacement Fee - \$ _____		Other _____	
Debit Card # _____			

Member Signature	Birth Date	Drivers Lic. & Issue State	SSN/TIN
CU Use Only			
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