

# MECU Debit Card Application Form

I would like to apply for a Michigan Educational Credit Union Debit Card. If I currently have an ATM card on this account, I understand that my Credit Union debit card will replace my ATM card. I realize I must be at least 18 years of age and a member in good standing. I also realize I must have a MECU Draft/Checking account. I am requesting access to my overdraft line-of-credit.

**PLEASE PRINT CLEARLY IN BLACK OR BLUE INK**

Name \_\_\_\_\_ Credit Union Member Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone/Cell Phone \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer's Name & Address \_\_\_\_\_  
Gross Monthly Income \_\_\_\_\_ Date Hired \_\_\_\_\_

**Joint Applicant Information:**

Please send an additional card for the Joint Applicant

Name \_\_\_\_\_  
Street Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone/Cell Phone \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Employer's Name & Address \_\_\_\_\_ Date Hired \_\_\_\_\_

Our decision to grant this request for a debit card will be based on information provided in this application and a report from an established credit reporting agency. The result of our decision will be made available to you in accordance with terms of the Fair Credit Reporting Act and Equal Credit Opportunity Act.\*

I/We agree to...

- All terms and conditions which were in effect on the original agreements of the accounts to which I/we will have access through this debit card;
- Any amendments to these agreements which may be made from time to time;
- All terms and conditions outlined in the EFT Disclosure and TIS Disclosure apply;
- In the event funds are not available, standard NSF fees will be assessed. Excessive NSF violations may result in the Credit Union closing your account.

*Use of your debit card will constitute proof of your acceptance of these terms and conditions.*

X \_\_\_\_\_  
Your Signature Date

X \_\_\_\_\_  
Joint Applicant Signature Date

\* If I/we have applied for a Credit Union debit card and do not qualify, please consider this request for an ATM card.

*Withdrawals limited to \$500 per day. Duplicate cards \$2 each. Duplicate PINs \$2 each. All debit card applications subject to Credit Union approval.*