



Debit Mastercard®/ATM Card Request Form

Account # _____

- New Debit Card
 New ATM Card
 Replacement Debit Card
 Replacement ATM Card

For replacement card choose one of the following reasons:

- Damaged
 Stolen/Fraud
 Lost (\$5 Fee)
 Additional Card (\$5 Fee)
 Rush Card (\$40 Fee)

Replacement Card No. _____

- New PIN Mailer:
 Standard Mail (7-10 Business days)
 Rush Card (Additional Fee)
 Rush PIN (Additional Fee)

Primary Owner Information

Name _____

Address _____

City, State, Zip _____

Phone _____ Work Phone _____

E-mail _____

Joint Owner Information

Name _____

Address _____

City, State, Zip _____

Phone _____ Work Phone _____

E-mail _____

I/we hereby request that a 20th Century Fox FCU MasterCard® Debit Card and a Personal Identification Number (PIN) be issued for the account and account holder(s) designated herein. My/our retention or use of such card(s) will bind me/us to the terms and conditions of the Automated Teller and 20th Century Fox FCU Debit Card contract and electronic funds transfer and disclosure, and all other rules, terms and conditions or amendments thereto as may be established from time to time by 20th Century Fox Federal Credit Union (Credit Union). By signing this application, I/we authorize the credit union to check my/our credit history and make whatever inquiries necessary in the course of granting the debit card, reviewing its use, reissuance or cancellation. I/we understand I/we must be of legal age (18) to be issued a card. I/we understand that the credit union will retain this application whether or not it is approved. I/we may be considered for a 20th Century Fox FCU ATM card.

Signature _____ Date _____

Signature _____ Date _____