



ATM & DEBIT CARD APPLICATION

First Name	Middle Name	Last Name	
Social Security Number	Date of Birth	Mother's Maiden Name	
Address	City	State	Zip
Account Number	Phone Day	Phone Night	

Choose Type of Card (Only One) AND Member Courtesy Opt In/Out

MasterMoney Debit Card

By signing below I acknowledge that the information is correct. I also acknowledge that I have received the Cardholder Agreement and accept the terms and conditions therein. I have an active or am requesting a new Eaton Family Credit Union CHECKING ACCOUNT. I agree that the changes on this card amend the previously signed Membership Application and Information Card and are subject to the applicable terms and conditions of any approved account, as may be amended from time to time; I authorize the Credit Union to investigate my credit worthiness, to obtain a credit report and to activate my debit card.

Authorized Signature of Depositor and Cardholder (Only One Signature Per Card)

X

Date

ATM Card

By signing below I acknowledge that the information is correct. I also acknowledge that I have received the Cardholder Agreement and accept the terms and conditions therein. I have an active or am requesting a new Eaton Family Credit Union CHECKING ACCOUNT. I agree that the changes on this card amend the previously signed Membership Application and Information Card and are subject to the applicable terms and conditions of any approved account, as may be amended from time to time; I hereby give authorization to activate my ATM card.

Authorized Signature of Depositor and Cardholder (Only One Signature Per Card)

X

Date

Member Courtesy

I want Eaton Family Credit Union to authorize and honor when I do ATM and debit card transactions that causes my account to go negative.

I DO NOT want Eaton Family Credit Union to authorize and honor when I do ATM and debit card transactions that causes my account to go negative.

Received by

Approved by

Card Number

216-920-2030 FAX or member@eatonfamilycu.com