COMBINED MASTERCARD/ATM REQUEST FORM

ISSUE CARDS TO

First Name | Middle | Last Name | SSN | DOB

First Name | Middle | Last Name | SSN | DOB

Business Name (only if applying for a Business MasterCard-Business name will appear on the card)

Address

City | State | ZIP

Home Phone | Work Phone

ACCOUNT INFORMATION & INSTRUCTIONS

Primary Account | Secondary Account

NOTE: Point of Sale (POS) transactions or Point of Sale (POS) debit card transactions on the MASTERCARD network from your Combined MasterCard/ATM will be deducted from the Primary Account listed above. POS transactions involving a refund will be credited to your Primary Account. Unless you specify a different account during Automated Teller Machine (ATM) transactions, the Primary Account will be used for your transactions. MASTERCARD is a registered trademark of MASTERCARD International.

The Combined MasterCard/ATM cards are to be setup/enabled with the following features:

* Automated Teller Machine Access
* Point of Sale Debit Card Access
* Enhanced Point of Sale Debit Card Access with MASTERCARD Logo

Special Instructions or Provisions:

AUTHORIZATION

I (the Account Holder(s)) apply for a Combined MasterCard/ATM to be used in conjunction with the account(s) listed above. The Combined MasterCard/ATM will be setup (pursuant to my request) with the functions or features indicated above and usage of the Combined MasterCard/ATM will be subject to the terms and conditions contained in the Deposit Account Agreement and Disclosure and Regulation E Disclosure that have been provided to me. I authorize the Financial Institution to make any investigation of my credit, either directly or through any agency. I understand that the Financial Institution will retain this application and any other credit information, even if this Combined MasterCard/ATM is not granted. I agree not to use the Combined MasterCard/ATM Service in any illegal activity.

ACCOUNT HOLDER:

X **MMN:**

Cardholder #1

X **MMN:**

Cardholder #2

FOR INSTITUTION USE ONLY

Date Taken: **By:**

Date Approved: **By:**

Card Number Assigned to Cardholder #1:

Card Number Assigned to Cardholder #2:

Data Entry Date: **By:**