Summit Federal Credit Union
MasterCard® Debit Card Request Form

Complete this form for each request/member.   *These items are required for this form to be processed.*

*Name_____

*Address_____

*City_____ State_____ Zip_____

*Social Security #_____ *Date of Birth_____

*Telephone # (Mobile)_____ *(Work)_____

*(Evening)_____ *Email Address:_____

*I wish to access the following Credit Union account #_____

*Round Up feature:

This feature will automatically round up every debit card transaction to the nearest dollar amount. The additional round up amount will automatically be transferred into your Share Savings account linked to this debit card. You have the option to revoke this feature at any time.

__ Opt In to round up your debit card transactions. Specify "round up destination acct # _____

__ Opt Out to NOT round up your debit card transactions

Personal Identification Number (PIN)

A Personal Identification Number (PIN) is a four digit numeric identification known **only to you**. When you insert your card into an ATM, you will be asked to enter your PIN. You will be able to complete your transaction only if your PIN is entered correctly. This is an important **safety feature**. No one else can use your card in an ATM unless they know your PIN. You will receive a PIN in a separate mailing shortly after receiving your new card. When received, keep it in a safe place so that you can refer to it in case you forget it. **Don't** keep it with your card.

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Disclosure Statement and Cardholder Agreement. The above information is given to obtain a credit report if required by the Credit Union.

Fill in the blocks below showing how you prefer to have your name embossed on your MasterCard® Debit Card:

*Signature_____ Date_____

FOR CREDIT UNION USE ONLY:
Date Rec'd_____ By_____
Date Issued_____ By_____