

# ATM/Debit MasterCard Application

Phone: 713.654.5430  
800.380.5430  
Fax: 713.207.4720



Application for:  ATM  Debit MasterCard

Member Number \_\_\_\_\_

MEMBER INFORMATION		
Name:		
Date of birth:	SSN:	Home Ph:
Address:		
City:	State:	ZIP Code:
Mother's Maiden Name:		
Work Ph:	Cell Ph#:	Email:
JOINT MEMBER INFORMATION		
Name:		
Date of birth:	SSN:	Home Ph:
Address:		
City:	State:	ZIP Code:
Mother's Maiden Name:		
Work Ph:	Cell Ph#	Email:
SIGNATURES		
I (we) certify that the information provided is true and complete. I (we) also authorize United Energy Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency or check history agency. I (we) hereby agree to be bound by the terms and conditions of the Electronic Funds Transfer Disclosure. I (we) understand these Debit MasterCard transactions will be withdrawn from my (our) United Energy Credit Union checking account. I (we) further understand that the Debit MasterCard is not a credit card and will not be treated as a transaction based on credit. I (we) understand that transactions posted to the account without available funds will incur a Non-sufficient Funds Fee and I (we) will be responsible for those charges.		
Signature of member:		Date:
Signature of joint member:		Date:

### For ATM Card Only

Please select a Personal Identification Number

(PIN) if applying for an ATM card. For your security, the Debit MasterCard will be mailed with a separate PIN mailer to the address shown on this application.

Member's ATM PIN #

Joint Member's ATM PIN #

For security reasons, United Energy Credit Union does not keep a record of your Personal Identification Number (PIN).

You may mail, fax or bring your application to:

### UNITED ENERGY CREDIT UNION

1301 Travis St. #525  
Houston, TX 77002-5231  
Fax #: 713.207.4720

### Credit Union Use Only - Do Not Write Below

Approved: \_\_\_\_\_

Declined: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_