



## Mastercard ATM / Debit Card Request Form

Instant Card Issue Available at our Wilder Branch Office | 4265 E Wilder Road Bay City MI 48706

Drop request form off at any branch office or mail to PO Box 1520 | Bay City MI 48706

<b>1 Choose Request Below</b>	
<input type="checkbox"/> New Card	Upon Request Form Processing NEW CARD will be mailed to you within 10–14 Business Days.
<input type="checkbox"/> Reissued Card	Reason (circle one):    Compromised    Lost / Stolen    Damaged
Last 4 Card Digits: _____	Other: _____
MEMBER NUMBER: _____ MEMBER NAME: _____ (Please Print)	
NAME TO APPEAR ON CARD: _____	
I am the (circle one):    Main Member    Joint Member    Authorized Signer	

### 2 NEW CARD

Mother's Maiden Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Last 4 Digits Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 3 REISSUED CARD *NOTE: To replace card and keep the same card number understand the following: If original card was received via instant issue, must be replaced with instant issue card at the Wilder Branch Office.*

Mother's Maiden Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Last 4 Digits Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Reissue Card #: \_\_\_\_\_ Reorder PIN (circle one):    Yes    No

### 4 Is this card request for a member under the age of 18? (circle one) Yes    No

*If yes, we must have the signature of a parent or guardian. Additionally, a \$50.00 daily off-line limit will apply to this card.*

\*\*\*Must complete Parental Guarantee\*\*\*

I authorize the above named minor under my care to use a COPOCO Community Credit Union ATM / Debit Mastercard. I understand that I am responsible for the use of this card.

Parent / Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print)

### 5 I hereby agree to the terms and conditions of the EFT Disclosure received when I opened my credit union account. I understand that I may request an additional copy of the EFT Disclosure from any branch office, or find one online at [www.copoco.org/disclosures](http://www.copoco.org/disclosures).

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 6 For Office Use: Verify all sections have been addressed, if not applicable, write "N/A" across the section or in the space. Teller Stamp:

Teller Number: \_\_\_\_\_

TeleCheck Approval for NEW Applicant Cards: \_\_\_\_\_