

# Mastercard Check Card and ATM Application



**TRUE NORTH**  
FEDERAL CREDIT UNION

MEMBER ACCOUNT NUMBER: \_\_\_\_\_

CARDTYPE REQUESTED:  Mastercard Check Card  ATM Instant Issue ATM Card Number: *(if applicable)* \_\_\_\_\_

Primary Member Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Joint Member Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

MAIL CARD TO:

Mailing Address on file.

Alternative Address: \_\_\_\_\_

TELEPHONE NUMBERS: *(mandatory)*

Primary Phone Number: \_\_\_\_\_  Secondary Phone Number: \_\_\_\_\_

I authorize credit information concerning myself to be released to True North Federal Credit Union by any reporting agency to evaluate any Card request. I understand that use of any Mastercard Check Card acknowledges my acceptance of the terms and conditions of the applicable Mastercard Check Card and ATM Card Electronic Funds Transfer Agreement and Disclosure Statement included with any card. The Credit Union reserves the right to change these terms and conditions at any time.

**If issued a Mastercard Check Card:** The Mastercard Check Card will act as my ATM Card and I acknowledge any ATM Card I currently hold from True North Federal Credit Union for this account will be closed.

\_\_\_\_\_  
Primary Signature Date

\_\_\_\_\_  
Secondary Signature Date

**FOR TNFCU USE ONLY**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Branch Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_ SR Number: \_\_\_\_\_