



## Electronic Services Application and Agreement

First Name	Middle	Last Name	Account Number	Suffix
Street Address		City	State	Zip Code
Mailing Address (if different than above)		City	State	Zip Code
Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License Number	
Home Telephone Number	Work Telephone Number		Alternative Telephone Number	

### MasterCard Debit Card

<input type="checkbox"/> New Card	Replacement Card: <input type="checkbox"/> Damage <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Never Received <input type="checkbox"/> Name Change
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Card Number To Be Replaced: \_\_\_\_\_

MasterCard Debit Card eligibility may be verified through a credit agency and/or check reporting agency. You authorize Greater Valley Credit Union to obtain credit reports in connection with this application and for any update and/or renewal. If the Credit Union incurs a loss, your card may be revoked without notice and must be surrendered upon request. The MasterCard Debit Card is a service to our members and all card privileges can be canceled at any time. If we do so, you are required to return the card when requested.

By signing this application, I understand that I am applying for current and future electronic services offered. I hereby acknowledge receipt of Greater Valley Credit Union's Disclosure of Account Information and Fee Schedule or acknowledge copies were mailed to me. I agree to use these services accordingly to Greater Valley Credit Union's terms and conditions. I also authorize Greater Valley Credit Union to make transfers to other accounts through electronic services. I understand that any card, Personal Identification Number (PIN), or other electronic access I request for my joint owner(s) or co-trustee(s) will allow them access to funds and/or information on accounts which they may not be a joint applicant. I understand that I will be liable for any advances, transactions, or money requested by any joint owner(s). If I wish to revoke this authorization I will notify Greater Valley Credit Union immediately and will also change my PIN on all electronic services that I have with Greater Valley Credit Union. **I understand that my PIN must be memorized and kept confidential.**

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

#### Credit Union Use:

Received By / Date: \_\_\_\_\_  Approved  Denied      Processed By/Date: \_\_\_\_\_

New Card Number: \_\_\_\_\_