

WRIGHTCHECK™ MASTERMONEY APPLICATION™

To receive your card, please complete this application.
Please print and fill-out application, and then either fax to (937) 912-7012 or mail to:

Wright-Patt Credit Union
Attn: Member Services
P.O. Box 286
Fairborn, OH 45324-0286

Applicant: If you are applying for a debit card in your name only, do not complete the "joint applicant" portion.	
Last Name (20 character limit) , First Name (10 character limit)	
Address	City, State, Zip
Home Phone ()	Work Phone ()
WPCU Acct. No.	SSN

Joint Applicant: If you are applying for a joint account that you and another person will use, provide the following information for the joint applicant or user.	
Last Name (20 character limit) , First Name (10 character limit)	
Address	City, State, Zip
WPCU Acct. No.	SSN

I (we) request a Wright-Patt Credit Union, Inc. (hereinafter "Credit Union") WrightCheck MasterMoney Card(s). I (we) understand that the WrightCheck MasterMoney Card will operate as both a debit and point-of-sale ("MasterMoney") card and an ATM card. I (we) understand that I may only access my Credit Union Checking Account to complete MasterMoney transactions. I (we) understand both my Checking Account and Share Account can be accessed to complete ATM transactions.

I (we) hereby authorize the Credit Union to check my credit and employment history in connection with this application, and for any update, renewal, or extension of MAC® ATM or MasterMoney Card services, and to answer questions about the Credit Union's experience with me.

By signing below, I (we) acknowledge that the information provided is correct. I (we) also acknowledge that I (we) will receive the Credit Union WrightCheck MasterMoney Cardholder Agreement and Disclosure with my Card(s) and agree to be bound by the terms and conditions contained therein.

Applicant's Signature _____ Date _____

Joint Applicant's Signature _____ Date _____

ATM/Debit Department Use Only	
Approved limit \$	Date
Approved by	
Qualification	