



1381 N. Bagley Street
P.O. Box 395
Alpena, MI 49707
989-356-1880

DEBIT/ATM CARD APPLICATION

Account number: _____ **Debit (checking required)** _____ **ATM** _____

Primary Member Information:

Name _____

Phone Number _____ Email _____

Signature _____

Address _____ City _____

State _____ Zip _____

Joint Member Information:

Name _____

Phone Number _____ Email _____

Signature _____

By signing this application, I/we hereby submit an application for a Wolverine State Credit Union MasterCard debit/ATM card. I/we agree to be bound to all of the terms and conditions governing the use of that card as outlined in the WSCU disclosure electronic funds transactions. I/we understand and agree that the disclosures will be provided to me by WSCU if my request is approved. I/we understand and agree that the credit union's decision to grant this request will be based on information provided on this application, along with past history and information obtained from a consumer reporting agency. I/we hereby authorize WSCU to obtain any consumer report for this purpose.

This application must be filled out with updated/current information before card(s) can be ordered. Cards are mailed to the address on file.

P.O. Boxes are NOT acceptable for mailing of cards.

Do you want WSCU to authorize & pay overdrafts on my debit/ATM card transactions?

_____ Yes, Opt In

_____ No, Opt Out