

**WOLVERINE STATE CU**

1381 N BAGLEY STREET  
PO BOX 395  
ALPENA, MI 49707  
989-356-1880

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**Debit App**

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**Debit Application**

Account Number \_\_\_\_\_ Debit \_\_\_\_\_ ATM \_\_\_\_\_ Business Account #: \_\_\_\_\_

Primary Member Name \_\_\_\_\_ Primary Email Address \_\_\_\_\_

Joint Member Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Cell # \_\_\_\_\_

Joint Cell # \_\_\_\_\_

Primary Sig \_\_\_\_\_

Joint Sig \_\_\_\_\_

By signing this application, I/we hereby make application for a WSCU MasterCard DBT/ATM. 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 for 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 Wolverine State Credit Union 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 address on file. P.O. Boxes are not acceptable for mailing of cards.

OPT IN  I DO want WSCU to authorize & pay overdrafts on my ATM & everyday Debit card transactions.

OPT OUT  I DO NOT want WSCU to authorize & pay overdrafts on my ATM & everyday Debit card transactions.

Employee \_\_\_\_\_ Date \_\_\_\_\_