



FOUR CONVENIENT LOCATIONS

Newberry

7693 State Highway M123
Newberry, Michigan 49868
Phone: (906) 293-5117
Toll Free: (800) 575-5117

Engadine

N6747 State Highway M117
Engadine, MI 49827
Phone: (906) 477-9932

Pickford

115 East Harold Street
Pickford, Michigan 49774
Phone: (906) 647-8111

Rudyard

18829 South Mackinac Trail
Rudyard, Michigan 49780
Phone: (906) 478-4281

MasterMoney™

Application



PO Box 485
Newberry, Michigan 49868

**THE GO EVERYWHERE,
DO EVERYTHING
CARD**

Most checkbooks can only do one thing - checking.

Our MasterMoney™ Card does this and much more. MasterMoney™ Card gives you a faster, more economical, convenient way to buy the products and services you need. That's because it allows you to withdraw funds from your checking account without ever having to write out a check. You can purchase groceries, gas, or anything else - wherever MasterCard® is accepted. Plus, MasterMoney™ Card performs all the functions of an ATM card. It's the checking, withdrawing, depositing, and transferring funds card all in one!



**TAHQUAMENON AREA
CREDIT UNION**

PO Box 485 · NEWBERRY, MICHIGAN 49868

**MASTERMONEY™ CARD
APPLICATION**

*REQUIRED FIELD

*APPLICANT NAME (Please print) *MOTHER'S MAIDEN NAME *SOCIAL SECURITY NUMBER

*STREET ADDRESS MAILING ADDRESS IF DIFFERENT

*CITY AND STATE *ZIP CODE

*HOME TELEPHONE NUMBER CELL PHONE NUMBER *DATE OF BIRTH (Applicant must be 18 years old)

JOINT APPLICANT (If applicable) SOCIAL SECURITY NUMBER

STREET ADDRESS MAILING ADDRESS IF DIFFERENT

CITY AND STATE ZIP CODE

HOME TELEPHONE NUMBER CELL PHONE NUMBER DATE OF BIRTH (Applicant must be 18 years old)

Primary accounts to be accessed through my/our MasterMoney card

- Share Account
- Share Draft Account

APPLICANT'S ACCOUNT NUMBER

APPLICANT'S ACCOUNT NUMBER

Member Signature: By signing below, I/we authorize Tahquamenon Area Credit Union to issue a MasterMoney™ card to be used in connection with my/our accounts. I/we assume responsibility for all transactions made with the MasterMoney™ card. I/we have read and agree to the terms and conditions retained in my/our possession hereof.

*APPLICANT'S SIGNATURE DATE

JOINT APPLICANT'S SIGNATURE DATE

DEBIT CARD NUMBERS

APPLICANT

JOINT APPLICANT

DO NOT WRITE BELOW THIS LINE

APPLICATION APPROVED _____ DATE _____

APPLICATION DENIED _____ DATE _____

REASON _____