



THREE CONVENIENT LOCATIONS

Newberry

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

Rudyard

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

Engadine

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



MasterCard Debit Card

Application



PO Box 485
Newberry, Michigan 49868

**THE GO EVERYWHERE,
DO EVERYTHING
CARD**

Most checkbooks can only do one thing - checking.

Our MasterCard does this and much more. MasterCard 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, MasterCard performs all the functions of an ATM card. It's the checking, withdrawing, depositing, and transferring funds card all in one!



PO Box 485 · NEWBERRY, MICHIGAN 49868



DEBIT 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 debit 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 debit card to be used in connection with my/our accounts. I/we assume responsibility for all transactions made with the debit 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 _____