



Debit MasterCard Application and Agreement

Members Name: _____

Account Number: _____

A Texas Bridge Debit MasterCard is used to access available funds to purchase goods, pay for services, and receive cash from participating merchants or ATM machines anywhere the MasterCard logo is accepted. The card will operate under the same conditions as noted in our "Electronic Fund Transfer Agreement and Disclosure" provided to you when you opened your account except as follow:

1. A \$5.00 charge will be imposed to reissue a card (lost/stolen or damaged) if it requires replacement within a two year period.
2. Debit MasterCards bring a degree of risk to the Credit Union and will only be issued to members that have properly maintained their credit union account or show a reliable credit history (a credit report may be pulled).
3. Funds transfer and retrieval on balance information may not be available except at Texas Bridge Credit Union ATMs.
4. The standard POS daily limit is \$500 for merchant (POS) transactions and \$300 daily cash withdrawals. On occasion, the credit union may approve a limit lower than the standard limits mentioned above if the member does not meet certain conditions.
5. If Courtesy Pay is requested on the Debit MasterCard, the attached application must be signed and the checking account must be open for 90 days and already qualify for the standard courtesy pay services offered on checking accounts before Courtesy Pay on the debit card will be implemented.
6. Accounts that have a new or existing debit card and have a past due loan of 20 days or more will automatically have any debit card(s) on that account restricted until the delinquency for any loan on that account is below 20 days.

Members
Initials

This information is given to obtain and provide that the Debit MasterCard is true and complete. I authorize Texas Bridge Credit Union to verify the information on this application and to obtain further information from a consumer credit report to assist in the review process. When I or someone I authorize uses the card, I agree to the terms and conditions of the Electronic Fund Transfer Agreement and Disclosure that I received when I opened my account. I understand the Credit Union may assess service charges for the privilege of having a Debit MasterCard. I understand if my checking account becomes overdrawn due to a Debit MasterCard transaction, an overdraft fee may be charged.

Members Signature _____ Date _____

Debit MasterCard Application

Date: _____ Account Number: _____

Card Number: 510883 _____

Alternate Mailing Address if different from below:

Member's Information

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Present Employer or Business: _____

Years at Employer or Business: _____ Gross Monthly Salary: _____

Source of Other Income (If Applicable): _____

Social Security Number: _____ Date of Birth: _____

Phone Numbers:

Home: _____ Cell: _____ Work: _____

****unless stated otherwise, the home number will be contact number for the debit card processor to for verification questions****

Internal use only:

Date Approved: _____ Approved By: _____ Approved PIN only: _____ Full Approval: _____