



# Scott Associates Credit Union Inc.

*Growing your future since 1967*

(937) 644-7385 \* Toll Free (800) 821-8173 \* Fax # (937) 645-2749

## MasterCard "Debit" Card Application Bin # 512997

Last Name:		First Name:		Middle Initial:
Address:				
City:		State:		Zip:
Work Telephone #:		Home Telephone #:		Cell/Other Telephone #:
Email (Home):			Email (Work):	
Social Security #:		Date of Birth:		Mothers Maiden Name:
Drivers License #:				

By signing below, I acknowledge that the information provided is correct. I also acknowledge that I have received the EFT Cardholder Agreement and accept the terms and conditions therein. I hereby submit my application and give the Credit Union authorization to obtain a credit report, if necessary for review and approval.

\_\_\_\_\_  
Authorized Signature of Depositor and Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of Depositor and Cardholder

\_\_\_\_\_  
Date

### For Internal Use Only:

Qualifier	Member Account Number	Description (Checking or Savings)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date Application Received \_\_\_\_\_ Received By: \_\_\_\_\_

Approved/Denied by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Circle One)

Limit Set for Cash \$ \_\_\_\_\_ Limit Set for Purchases \$ \_\_\_\_\_

If Denied-reason \_\_\_\_\_

Adverse Action Date Sent \_\_\_\_\_ Sent By (Employee Name) \_\_\_\_\_

Card Issue Date \_\_\_\_\_ Entered By \_\_\_\_\_

Card # Issued by System \_\_\_\_\_