



FEDERAL CREDIT UNION

University of New Orleans
New Orleans, La 70148

MasterMoney™ Card and ATM Application

Applicant Information (Please complete all information)
Please Print

First Name Last Name Social Security Number

Date of Birth Home Phone Business Phone Mother's Maiden Name

Address City State Zip

Signature for ATM Card

By signing below, you request, subject to UNO Federal Credit Union approval, that they issue you an ATM card and Personal Identification Number (PIN) to you. By using the ATM card, you agree to abide by the terms of the Cardholder Agreement accompanying the ATM card.

Signature of Applicant Date

Signature for MasterMoney™ card

This information is given to obtain the MasterMoney™ card and is true and complete. I authorize UNO Federal Credit Union to verify the information contained 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 use the card, I agree to the terms and conditions of the agreement that governs the use of the MasterMoney™ card. I will receive a copy of the agreement when I receive my card. I understand that the financial institution may assess service charges for the privilege of having a MasterMoney™ card. I understand that if my checking account becomes overdrawn due to a MasterMoney™ card transaction, an overdraft or insufficient funds fee may be assess to my account.

Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE

Card # _____ OFFSET #

Savings Acct # _____ Checking Acct # _____

Checking Account Maintenance
Initials _____ Date _____

Savings Account Maintenance
Initials _____ Date _____

Card Entered in Passport System
Initials _____ Date _____

Hot Card
Initials _____ Date _____

Card Closed in Cruise System
Initials _____ Date _____

Card Deleted from Passport System
Initials _____ Date _____