



**SAN PATRICIO
COUNTY TEACHERS F.C.U.
Debit Card Application**

MEMBER NUMBER: _____

Primary Owner's Name: _____	Joint Owner's Name: _____
Social Security Number: _____	Social Security Number: _____
Home phone #: _____	Home phone #: _____
Work phone #: _____	Work phone #: _____
Mother's maiden name: _____	Mother's maiden name: _____

_____ Check here for two cards.
One card per account at no charge.
Each additional card is \$5.00

Mastercard Check Card Agreement

By signing this application, you acknowledge that you have requested a MASTERCARD Check Card and a personal identification number (PIN) to be issued to you to access funds on deposit with SPCTF Credit Union. You agree that the use of the card shall be governed by the terms, conditions, and disclosures contained in this agreement. The terms and conditions governing the account(s) accessed by your card and PIN are also applicable. In the event of a conflict between the disclosures, terms and conditions governing the account(s), the disclosures shall govern.

Use of the card and PIN by you, anyone authorized by you, or a joint owner of the account constitutes authorization for the credit union to charge your account for the amount of the transaction. I understand and agree that, unless otherwise agreed to by all parties to the account, any joint owner of an account which may be accessed by the card and PIN, may request and receive a MASTERCARD Check Card and PIN provided that person requesting the card is a joint owner on the account accessed by the card.

Any transaction, which results in a negative balance to the affected account, shall be subject to the overdraft provision and procedures applicable to the account and may incur a \$22.50 overdraft fee for each transaction. The entire amount of the negative balance created by the transaction(s) and charges shall be paid to SPCTF Credit Union on demand. If any change results in greater cost or liability to you or decreased access to your account(s), you will be given a 21 day prior notice of change to the address listed below. The card remains the property of the credit union and you agree to return the card to the credit union upon termination of this agreement or as requested by the credit union. The credit union may cancel your card at any time. If your card is lost or damaged and you desire issuance of a replacement card, or it is replaced for any reason, you will be charged \$5.00 for each replacement card. Statements, notices, and all disclosures will be mailed to you at the most recent address on file with the credit union. If there is more than one owner of the account, notice to one of you will be considered notice to all.

I hereby apply for and request issuance of a MASTERCARD Check Card together with a personal identifications number (PIN) to be used to access my funds in the credit union. By signing this application, I agree that use of the card shall be governed by the terms; conditions and disclosures contained in the MASTERCARD Check Card Agreement and acknowledge receipt of that agreement. I confirm that I have read the agreement and fully understand all terms, conditions, and disclosures. From time to time, you (SPCTFCU) are permitted to obtain my credit report in conjunction with this application.

Signature of Primary Owner

Signature of Joint Owner

Date

Date

**501 W. Merriman
Sinton, Texas 78387**

**Phone: (361) 364- 3683
Fax: (361) 364-2132**