

MasterMoney™ Card Application

Name		
Street Address		
City	St	Zip
Social Security Number		Date of Birth
Home Phone		Cell Phone**
Email address**		

** These fields will only be used for Mastercard to contact in the event of a potential fraudulent transaction

I will want to access the following accounts with my MasterMoney™ Card:

Please provide the information requested below. Primary accounts are those which are used most frequently. Account types numbered 2 through 4 are for other accounts you may be joint.

ACCOUNT TYPE	ACCOUNT NUMBER
CHECKING	
2	
3	
4	
SAVINGS	
2	
3	
4	

The PINN I would like to use is:
 System Generate ___ My own _ _ _ _

(4 DIGIT # OR WORD)

I want overdraft protection on this card: YES ___ NO ___

Our overdraft protection consists of transfers from your shares and/or a cash advance against your DFFCU VISA. A \$3 fee will be levied for each transfer/advance VS. \$25 NSF FEE PER NSF ATM/POS.

Please indicate below, with a 1 or 2, the order you want your overdraft protection to occur:

SHARE TRANSFER ___
 CASH ADVANCE ___

For Cash Advance, please provide your DFFCU VISA Card number:

I understand that I am the only individual authorized to use the card and that use of the card signifies agreement to the terms and conditions set forth in the Electronic Funds Disclosure and Agreement. I also understand, if so indicated, that my signature gives the Dayton Firefighters Federal Credit Union the right to transfer funds and/or make a cash advance against my VISA for overdrafts caused by this card.

Signature: _____ **Date:** _____

For office use only	
o NEW App taken by: _____ Date: _____	
o L/S Report date: _____ App taken by: _____ On: _____	Fee GL 133: Y N W
o Rplmt App taken by: _____ On: _____	Fee GL 133: Y N W
Card #	Ordered on: