

# Debit MasterCard and ATM Card Order Form



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 Phone: (585)247-0724 Fax: (585)247-0729  
 www.spxfcu.org

**Card Type:**

- Debit MasterCard – *You must have an active checking account.*
- ATM Card

**Purpose:**

- I am ordering my first Debit MasterCard or ATM card  Link to Share account # \_\_\_\_\_
- I am reordering\*\*

**Reason for reorder**

- My card was stolen
- My card is damaged
- My name has changed
- I am upgrading from an ATM card to a Debit MasterCard
- Other \_\_\_\_\_

*Additional Instructions:* \_\_\_\_\_

**Quantity:**

- Order a Card Only for the Primary member listed below
- Order a Card Only for the Joint Owner listed below
- Order Cards for Both the Primary Member and Joint Owner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: In the event you provide us with a different home address than the one we have on file for you, the new address will be applied to all your existing accounts with SPX Federal Credit Union. Also, if you are upgrading from an ATM card to a Debit MasterCard, we may close your old ATM card. \*\*Replacement/reorder charges may apply to ATM cards.*

**Primary Member Information**

Full Name \_\_\_\_\_

Member Number \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Joint Owner's Information**

Full Name \_\_\_\_\_

Member Number \_\_\_\_\_

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*By signing below, I am applying for an SPX Federal Credit Union Debit MasterCard or ATM card. I understand that in order to apply for a Debit MasterCard, I must already have a checking account with SPX Federal Credit Union. I understand the Debit MasterCard or ATM card I am applying for is not a credit card and that the dollar amount of the purchases made with this card will be deducted from my SPX Federal Credit Union account(s). I authorize SPX Federal Credit Union to verify the information provided above and to request a credit report if necessary. The SPX Federal Credit Union Debit MasterCard is available for qualified members only. Other requirements may apply. If I am not approved for a SPX Federal Credit Union Debit MasterCard, I may be issued an ATM card instead (if I do not already have one). I agree to be bound by the terms and conditions of the Debit MasterCard as set by SPX Federal Credit Union.*

Primary Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_