

**NLRB FEDERAL CREDIT UNION
1099 14th ST. NW, Suite C-300
Washington, DC 20005
(202) 273-4300**

**Debit Card
Agreement/Application**

Please Print

Name: _____

Member No.: _____

2nd Name (if Joint Account)

Address: _____

City: _____

State: _____ **Zip:** _____ **E-Mail:** _____

Driver's License No.: _____

I/We hereby make application for a **MasterCard Debit Card**(s) with NLRB Federal Credit Union.
I/We agree to the following terms:

1. It is understood that the Personal Identification Number (PIN) is my electronic signature, the use of which with a transaction at the designated Electronic Banking locations will serve as identification that the bonafide owner of the account is present.
2. I/We agree not to tell anyone my PIN.
3. I/We will immediately notify the Credit Union of the loss or unauthorized use of my card or PIN.
4. The Card is the property of the Credit Union and is subject to cancellation at any time. The Card must be returned to the Credit Union upon request, or may be captured automatically by a machine. I may cancel the Debit Card privileges by notification to NLRB FCU in writing and physically surrendering the Card.
5. The Credit Union may terminate this agreement at any time.
6. I/We have read and understand the terms and conditions of the "Electronic Funds Transfer Disclosure".

In considering this application, the Credit Union may request and use a report from outside Credit/or Check Reporting Agencies. It may also ask a Reporting Agency or Agencies for other such reports in connection with renewal or continuation of the service for which you are applying. If you request it, the Credit Union will tell you whether or not it asked for such a report and if it has the name and address of the Agency or Agencies.

DATE: _____

Signature(s): _____
