



**Matadors  
Community  
Credit Union**

Your better alternative to a bank since 1963

**ATM CARD & MASTERMONEY™  
CHECK CARD**

**WWW.MATADORS.ORG**

# ATM CARD & MASTERMONEY™ CHECK CARD

Get easy access to your MCCU accounts with an ATM or MasterMoney™ Check Card!  
I would like to apply for a:

- ATM Card  
 MasterMoney™ Check Card  
 Health Savings Account (HSA) MasterMoney™ Check Card

Each account owner requesting a Matadors Community Credit Union ATM or MasterMoney™ Check Card must sign the signature panel below.

Member Name: \_\_\_\_\_

Member's Address: \_\_\_\_\_  
\_\_\_\_\_

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

By using my ATM or MasterMoney™ Check Card, I agree to be bound by the applicable terms and conditions contained in agreements governing my savings account, checking account, and any overdraft protection agreements that access a line of credit. I understand that I will be provided with a ATM/POS MasterMoney™ Check Card Disclosure and Agreement which applies to this ATM or MasterMoney Check Card. I authorize the Credit Union to obtain consumer credit reports about me and verify any information which I have provided.

I understand that if I am not approved for a MasterMoney™ Check Card, I will receive a regular ATM card (not applicable for Health Savings Accounts).

**Primary MCCU Acct. No:** \_\_\_\_\_

(Please choose only one checking and one savings ID)

Checking Account ID (i.e. 5,7,8): \_\_\_\_\_

Savings Account ID (i.e. 1-4): \_\_\_\_\_

Health Savings Account ID (i.e. 26,27, if applicable): \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

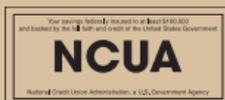
Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and mail it to:  
Matadors Community Credit Union  
P.O. Box 1052, Northridge, CA 91328-1052  
Or fax it to: (818) 993-0324



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**Official Use Only:**  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_ T#: \_\_\_\_\_

Comments: \_\_\_\_\_