



Debit MasterCard Request

Note: This form is for new card requests only

- Please print this form and fill out all applicable areas.
- After completing and signing the form please return to credit union.
- Request can be mailed or faxed to us.

Fax to: (248) 322-6512

Mail to: **Genisys Credit Union**
Attn: Electronic Services
PO Box 436034
Pontiac, MI 48343-6034.

Genisys Checking Account # _____
(You must have an open checking account to qualify)

Primary Member Name (Print) _____

Home Phone () _____ Work Phone () _____

Joint Member Name (Print) _____

Work/Daytime Phone () _____

Debit MasterCard Request

I authorize Genisys Credit Union to verify or obtain further information that the credit union may deem necessary concerning my credit history, including a credit report. If this application is approved, and a Genisys Debit MasterCard is issued, the undersigned applicant(s) by signing, or permitting another to use the Debit MasterCard, agree to be bound by the terms and conditions accompanying the Debit MasterCard and all amendments. The undersigned hereby acknowledges that the signing, using, or permitting another to use the Debit MasterCard represents an acknowledgment of the receipt of the Debit MasterCard Agreement and all amendments, and further represents the acceptance of the terms and conditions of the Debit MasterCard Agreement and all amendments.

I understand that my account will be charged for transactions as disclosed in our current fee schedule or our Debit MasterCard Agreement.

Primary Member's Signature Date Joint Member's Signature Date

Personal Identification Number: A computer generated personal identification number (PIN) should be received a few days after your card.