



**ATM, MasterMoney Card
and Electronic Transactions
Application and Agreement**

Please print and complete. Fax or mail to or drop off at

**CONE Credit Union, 211 Walnut St., Neenah, WI 54956
FAX: 920-722-2699**

- New card
 Reissue
 Change PIN

Date: _____

Member Savings Account #: _____

Member Checking Account #: _____

Member PIN #: _____

Home phone #: _____ Work phone #: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Joint owner information *(If applicable)*

Joint owner: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home phone #: _____ Work phone #: _____

Do you want a second card? Yes No

I /We request the following services: (please mark)

- ATM Card
 Debit Card
 Audio Response
 Home Banking
 Bill Payment

By checking the boxes above and signing below, you certify that the information on this application is complete, true and submitted for the purpose of obtaining the electronic service(s) and account(s) requested. If approved for the requested electronic funds transfer services, you acknowledge receipt of and agree to the terms of the Electronic Funds Transfer Agreement.

Member's signature: _____ Date: _____

Disclosure statement:

- Up to \$500.00 per day withdrawal
- Deposits at selected machines only
- Access TYME or MAC networks
- \$1.00 fee per transaction for cash after 6 free withdrawals per month
- \$5.00 fee for replacement card
- \$15.00 non-sufficient funds charge
- \$3 PIN replacement fee
- \$17 sales draft copy fee

Member liability:

If you believe your Card has been lost or stolen or that someone has transferred or may transfer money from your account without your permission, call

- (920) 722-6162 (during business hours)
- (800) 523-4175 (after hours and weekends)

or write to:

- CONE Credit Union, 211 Walnut St., Neenah, WI 54956



FOR CREDIT UNION USE ONLY:

Approved by _____ Member Verification: _____

Access Card _____ PIN Requested: _____