Market USA Federal Credit Union

ATM/Visa Check Card Application & Replacement Form

Member Name:		Member Number:	
Address:	City:	State:	Zip:
Mailing Address: ☐ same as home address	City:	State:	Zip:
Last 4 SSN:	Home Phone:	Work Phone:	Cell Phone:
Joint Owner Name (if ordering Joint Card):		☐ ATM Card ☐ Visa Check Card (Checking Account required) ☐ Order card for Joint Owner only ☐ Order Cards for both Primary and Joint Owners	
Reason for Card Order ☐ New Account ☐ Replacement Card	Replacement Reason: ☐ Damaged ☐ Lost Card or PIN ☐ Stolen	If applicable, charge the $5 replacement fee to the following account: ☐ Checking ☐ Savings	
Optional Overdraft Protection election.	Click here to view and print Important Overdraft Information		
_____ Initials	I want Market USA FCU to authorize and pay overdrafts on my ATM and everyday debit card transactions. I understand that this service is optional and is not required to obtain a card.		

Terms and Conditions: I and all persons who hold additional cards issued to Me/Us, may access My/Our accounts through ATMs displaying the PLUS logo and through POS terminations displaying the INTERLINK logo. I and all persons who hold additional Visa Check Cards issued to Me/Us may access My/Our accounts wherever the Visa Debit Cards are accepted. Joint cardholders will be able to access all accounts accessible via the ATM/Visa Check Card, regardless of whether or not they are joint on a particular account. All ATM/Visa Check Cards are property of Market USA and access may be restricted at any time without notice. A copy of the Electronic Funds Disclosure will be included with my ATM/Visa Check Card and use of the card will acknowledge My/Our acceptance of the terms and conditions. The terms and conditions for this service may be amended from time to time. **I/We understand and agree to the terms and conditions contained herein.**

_____ Member's Signature Date

_____ Joint Owner's Signature (joint card only) Date

5,000 Shared Branches

Mail form to: Market USA FCU 8871 Gorman Rd. Ste 100, Laurel, MD 20723.
Fax form to 301.586.3415 or send via encrypted email to
memberservices@marketusafcu.com

30,000 Surcharge-free ATMs

Your savings federally insured to at least $250,000 and backed by the full faith and credit of the United States Government
NCUA
National Credit Union Administration, a U.S. Government Agency

Federally Insured by NCUA

EQUAL HOUSING LENDER