

Wawa Employees' Credit Union

260 W. Baltimore Pike

Wawa, PA 19063-5699

610-358-8030

MasterCard Check Card Application

Co- Applicant Signature _____

Date _____

What is it?

This card will combine all the benefits of our Star (MAC) ATM card with the added ability to use it in place of cash or checks. It is not a credit card because the funds come directly from your checking account.

This means you can avoid carrying a lot of cash or going through the hassle of having your check approved.

What are the costs?

There are NO annual fees, NO fees for purchases and NO application fees! Standard ATM fees are charged for ATM transactions. There is a replacement card fee of \$5.00 for lost or damaged cards. Negative accounts are charged a \$20.00 negative account fee.

How does it work?

Instead of carrying cash or writing a check in the checkout line, simply give the merchant your MasterCard Check Card. You will sign a receipt to confirm the purchase. Use your receipt to record purchases or ATM transactions made in your check register. The purchase amount will automatically be deducted from your checking account balance and every transaction is detailed on your monthly checking account statement.

How do I Get My MasterCard Check Card?

Complete the application and send it to Wawa Employees' Credit Union, 260 W. Baltimore Pike, Wawa Pa 19063-5699. You will receive your MasterCard Check /ATM card in the mail.*

*Subject to approval. Checking account required. The credit union verifies all new checking accounts through ChexSystems.

PIN (Personal Id Number)

____ / ____ / ____ / ____

(No Q or Z) Please select all numbers or all letters.

Applicant Name _____

Street Address _____

Apt # _____

City, State and Zip Code _____

Day Telephone (include area code) _____

Evening Telephone (include area code) _____

Account Number _____

Co-Applicant Name _____

I/We have read and agree to the Check Card agreement and acknowledge receipt of the disclosure statement. The Credit Union is authorized to check any credit reports it deems necessary and I/We agree to supply and additional information requested by the Credit Union.

Applicant's Signature _____

Date _____
