



DEBIT MASTERCARD OR EXPRESS TELLER ATM CARD

765 West Poplar Ave, Collierville, TN 38017 • PO Box 310, Collierville, TN 38027
 Phone: 901.452.7900 • Toll Free Phone: 800.633.4128 • Email: MYCU@SouthernSecurity.org • SouthernSecurity.org

Please complete the application here, then print it out, sign and return to Southern Security via mail, fax or in-person.

APPLICATION

I want to apply for a Southern Security: (check one) Debit MasterCard Express Teller ATM Card

PLEASE PRINT

MEMBER ACCOUNT NUMBER			
NAME			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
ADDRESS			
CITY		STATE	ZIP
HOME PHONE ()		CELL PHONE ()	
EMAIL			

PLEASE PRINT

JOINT OWNER			
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
ADDRESS			
CITY		STATE	ZIP
HOME PHONE ()		CELL PHONE ()	
EMAIL			
Would you like a card for the joint owner? (Please note, additional card will be in the name of the joint owner) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please read before signing...

I understand that this is not a credit card application. I have answered the questions in this application fully and truthfully and all information provided is correct. I understand that if approved, cards and agreements will be mailed to the address listed on my credit union account. If this application is for a joint account, I understand that each signer will be liable for the full amount of all withdrawals. I authorize you to obtain information to check my credit records and statements made in this application.

CHANGING OUR AGREEMENT: Southern Security can change the terms of this Agreement, including the charges relating to the use of the card, at any time. If the law requires us to notify you in a certain way, we will do so.

CANCELLATION: The card is our property and can be cancelled at any time and end your privileges. Also, the closing of your designated checking account will automatically terminate your card privileges.

ELECTRONIC FUNDS TRANSFER AGREEMENT: For the latest EFT Agreement please visit SouthernSecurity.org.

X _____ DATE _____
 MEMBER SIGNATURE

I understand that if I am not approved for the Debit MasterCard, an ATM card will be substituted.

X _____ DATE _____
 JOINT OWNER SIGNATURE

FOR OFFICE USE ONLY: S7 Verified Date _____ T# _____